

CERTIFICATE OF DISABILITY

The claimant listed below has applied to transfer their property tax base to a replacement primary residence. In order to qualify for this tax benefit, a licensed physician or surgeon of appropriate specialty must certify that the disability of the claimant is severe and permanent. The definition of a severely and permanently disabled person is, "... any person who has a physical disability or impairment, whether from birth or by reason of accident or disease, that results in a functional limitation as to employment or substantially limits one or more major life activities of that person, and that has been diagnosed as permanently affecting the person's ability to function, including, but not limited to, any disability or impairment that affects sight, speech, hearing, or the use of any limbs." (Revenue and Taxation Code section 74.3)

I. TO BE COMPLETED BY A PHYSICIAN (please print)

Patient's Name:			Date of disability:		
Descript	ion of patient's disability:				
	(1) the specific reasons why the disabi equirements, including any locational req			ry residence	e, and (2) the disability-
l am a lio	censed physician surgeon	. My specialty is:			
		CERTIFICATION	OF DISABILITY		
Ι	certify that in my medical opinion, the ab	ove-named patient doe	s qualify as a disabled perso	n according t	to the definition above.
SIGNATURE OF PHYSICIAN OR SURGEON					DATE
PHYSICIAN	N OR SURGEON'S NAME (print or type)				DAYTIME PHONE NUMBER
II. TO B	E COMPLETED BY CLAIMANT, CLAIM	ANT'S SPOUSE, OR L	EGAL GUARDIAN (please p	orint)	
NAME OF (CLAIMANT		NAME OF SPOUSE OR LEGAL GUA	RDIAN	
PROPERTY ADDRESS				ASSESSOR'S PARCEL/ID NUMBER	
	CERTIFICATION	OF DISABILITY-REL	ATED REQUIREMENTS (che	eck A or B)	
A:	1. The claimant, spouse, or legal gur requirements identified in Part I (<i>Par</i>			ry residence	e meets the disability-related
В:	 I certify (or declare) under penalty o replacement primary residence is to I certify (or declare) under penalty of penalty of penalty replacement primary residence is to all please explain: 	satisfy the identified OR	disability-related requireme	ents describe	d in Part I.
	E OF CLAIMANT, SPOUSE, OR LEGAL GUARDIAN		PRINTED NAME		
(HONE NUMBER)				DATE
EMAIL ADD	RESS				
			JECT TO PUBLIC INSPE	CTION	