

Deva Marie Proto Sonoma County Clerk-Recorder-Assessor

585 Fiscal Dr., Rm 104 Santa Rosa, CA 95403 Telephone: (707) 565-1888 FAX: (707) 565-3317

CERTIFICATE OF DISABILITY

The claimant listed below has applied to transfer their property tax base to a replacement property as provided by section 69.5 of the Revenue and Taxation Code. In order to qualify for this one-time tax benefit, a licensed physician or surgeon of appropriate specialty must certify the disability of the claimant, or claimant's spouse, is both severe and permanent. The definition for a severely and permanently disabled person is, ". . . any person who has a physical disability or impairment, whether from birth or reason of accident or disease, including, but not limited to, any disability or impairment which affects sight, speech, hearing or use of any limbs and which results in a functional limitation as to employment or substantially limits one or more major life activities of that person, and which has been diagnosed as permanently affecting the person's ability to function." (Revenue and Taxation Code section 74.3)

I. TO BE COMPLETED BY A PHYSICIAN (please print)			
Patient's Name:	Date of dis	Date of disability:	
Description of patient's disability:			
Identify: (1) the specific reasons why the disability necessif including any locational requirements, of a replacement dweet		(2) the disability-related requirements,	
I am a licensed physician surgeon. My spec	cialty is:		
I certify that in my medical opinion the above name	d patient does qualify as a disabled person ac	cording to the definition above.	
PHYSICIAN'S SIGNATURE		DATE	
PHYSICIAN'S NAME (print or type)		DAYTIME PHONE NUMBER	
II. TO BE COMPLETED BY CLAIMANT, CLAIMANT'S SF	POUSE OR LEGAL GUARDIAN (please print))	
CLAIMANT'S NAME	SPOUSE'S NAME		
PROPERTY ADDRESS		ASSESSOR'S PARCEL NUMBER	
CERTIFIC	ATE OF DISABILITY (check A or B)		
A: 1. The claimant or spouse must describe in their of identified in Part I (Part I must be completed by		ts the disability-related requirements	
	AND		
I certify (or declare) under penalty of perjury u replacement dwelling is to satisfy the identified	d disability-related requirements described in F	he primary purpose of the move to the Part I.	
B: I certify (or declare) under penalty of perjury under replacement dwelling is to alleviate the financial be		ne primary purpose of the move to the	
SIGNATURE OF CLAIMANT	DAYTIME PHONE NUMBER	DATE	
SIGNATURE OF SPOUSE	DAYTIME PHONE NUMBER	DATE	
>	()		
E-MAIL ADDRESS			

