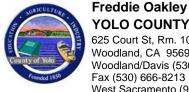
CERTIFICATE OF DISABILITY

The claimant listed below has applied to transfer his or her 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)

Patient's Name:	Date of disability:	
Description of patient's disability:		
Identify: (1) the specific reasons why the disability necessitate including any locational requirements, of a replacement dwelling any locational requirements.		2) the disability-related requirements
I am a licensedphysiciansurgeon. My specialt	y is:	
I certify that in my medical opinion the above named p		ording 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 SPOU	USE OR LEGAL GUARDIAN (please print)	
CLAIMANT'S NAME	SPOUSE'S NAME	
PROPERTY ADDRESS	A	SSESSOR'S PARCEL NUMBER
CERTIFICAT	E OF DISABILITY (check A or B)	
A: 1. The claimant or spouse must describe in his or her identified in Part I (Part I must be completed by a		ets the disability-related requirement
2. I certify (or declare) under penalty of perjury und replacement dwelling is to satisfy the identified di		
B: I certify (or declare) under penalty of perjury under replacement dwelling is to alleviate the financial burg		primary purpose of the move to th
SIGNATURE OF CLAIMANT	DAYTIME PHONE NUMBER	DATE
SIGNATURE OF SPOUSE	DAYTIME PHONE NUMBER	DATE



YOLO COUNTY ASSESSOR

625 Court St, Rm. 104 Woodland, CA 95695 Woodland/Davis (530) 666-8135 Fax (530) 666-8213 West Sacramento (916) 375-6496 www.yolocounty.org

