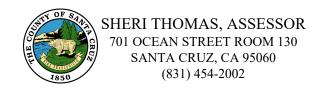
## **CERTIFICATE OF DISABILITY**

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 d	Date of disability:	
Description of patient's disability:			
Identify: (1) the specific reasons why the disability necessitates including any locational requirements, of a replacement dwelling		d (2) the disability-related requirements,	
I am a licensed physician surgeon. My specialty	is:CERTIFICATION		
I certify that in my medical opinion the above named pat		according to the definition above	
PHYSICIAN'S SIGNATURE	ioni does quamy as a disabled person a	DATE DATE	
PHYSICIAN'S NAME (print or type)		DAYTIME PHONE NUMBER	
II. TO BE COMPLETED BY CLAIMANT, CLAIMANT'S SPOUS	SE OR LEGAL GUARDIAN (please prin	t)	
CLAIMANT'S NAME	SPOUSE'S NAME		
PROPERTY ADDRESS		ASSESSOR'S PARCEL NUMBER	
CERTIFICATE	OF DISABILITY (check A or B)		
A: 1. The claimant or spouse must describe in their own videntified in Part I (Part I must be completed by a p		ets the disability-related requirements	
I certify (or declare) under penalty of perjury under replacement dwelling is to satisfy the identified disa	bility-related requirements described in	the primary purpose of the move to the Part I.	
B: I certify (or declare) under penalty of perjury under the replacement dwelling is to alleviate the financial burden	OR ne laws of the State of California that the caused by the disability.	the primary purpose of the move to the	
SIGNATURE OF CLAIMANT	DAYTIME PHONE NUMBER	DATE	
SIGNATURE OF SPOUSE	DAYTIME PHONE NUMBER	DATE	
SIGNATURE OF SIGNOLE	( )	DATE	
E-MAIL ADDRESS			