

James B Rooney Assessor of Amador County 810 Court Street Jackson, CA 95642 PH: (209) 223-6351 FAX: (209) 223-6721

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)

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Date of disability:	
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	DATE
	DAYTIME PHONE NUMBER
NAME OF SPOUSE OR LEGAL GUARDIAN	
ASSESS	OR'S PARCEL/ID NUMBER
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ws of the State of California that the prin d disability-related requirements descri	
	ary purpose of the move to the
PRINTED NAME	
	DATE
BJECT TO PUBLIC INSPECTION	
	nove to the replacement primary residence cement primary residence: N OF DISABILITY oes qualify as a disabled person according R LEGAL GUARDIAN (please print) NAME OF SPOUSE OR LEGAL GUARDIAN