

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)

Date of disability:
move to the replacement primary residence, and (2) the disability- acement primary residence:
does qualify as a disabled person according to the d <mark>efi</mark> nition above.
DAYTIME PHONE NUMBER
OR LEGAL GUARDIAN (please print)
NAME OF SPOUSE OR LEGAL GUARDIAN
ASSESSOR'S PARCEL/ID NUMBER
RELATED REQUIREMENTS (check A or B)
be how the replacement primary residence meets the disability-relate red by a physician or surgeon):
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ws of the State of California that the primary purpose of the move to the Jourdens caused by the disability.
PRINTED NAME
PRINTED NAME DATE