

CHRISTINA WYNN SACRAMENTO COUNTY ASSESSOR PROPERTY TRANSFER SECTION 3636 American River Drive, Suite 200 Sacramento, CA 95864-5952 Phone (916) 875-0750 FAX (916) 875-0755 https://assessor.saccounty.gov

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)

| Patient's Name: | Date of disability: |
|---|--|
| Description of patient's disability: | |
| | |
| Identify: (1) the specific reasons why the disability nece related requirements, including any locational requiremen | essitates a move to the replacement primary residence, and (2) the disability- nts, of a replacement primary residence: |
| | |
| I am a licensed 🔄 physician 🗌 surgeon. My spo | |
| | |
| | ned p <mark>ati</mark> ent does qualify as a disabled person according to the definition above. |
| SIGNATURE OF PHYSICIAN OR SURGEON | DATE |
| PHYSICIAN OR SURGEON'S NAME (print or type) | DAYTIME PHONE NUMBER |
| I. TO BE COMPLETED BY CLAIMANT, CLAIMANT'S S | SPOUSE, OR LEGAL GUARDIAN (please print) |
| NAME OF CLAIMANT | NAME OF SPOUSE OR LEGAL GUARDIAN |
| PROPERTY ADDRESS | ASSESSOR'S PARCEL/ID NUMBER |
| A: 1. The claimant, spouse, or legal guardian r requirements identified in Part I (Part I must | must describe how the replacement primary residence meets the disability-related by a physician or surgeon): |
| replacement primary residence is to satisfy | AND y under the laws of the State of California that the primary purpose of the move to the the identified disability-related requirements described in Part I. OR under the laws of the State of California that the primary purpose of the move to the he financial burdens caused by the disability. |
| | |
| SIGNATURE OF CLAIMANT, SPOUSE, OR LEGAL GUARDIAN | PRINTED NAME |
| | DATE |
| () EMAIL ADDRESS | |
| | S NOT SUBJECT TO PUBLIC INSPECTION |
| | |
| ARE IN MEET NEW IN MEET LEEK IN MEETIN IN AND IN AND AND AND AND AND AND AND AND AND AN | |