

LESLIE MORGAN ASSESSOR-RECORDER 1450 Court St., Suite 208A Redding, CA 96001-1667 Tel: (530) 225-3600 Intra_County toll free: 1(800)479-8009

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)

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alify as a disab <mark>led person</mark> accord	
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ASS	ESSOR'S PARCEL/ID NUMBER
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PRINTED NAME	
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	D REQUIREMENTS (check A or the replacement primary resid physician or surgeon): the State of California that the p bility-related requirements des