

YOLO COUNTY COUNTY ASSESSOR 625 Court St, Rm. 104 Woodland, CA 95695 Woodland/Davis (530) 666-8135 West Sacramento (916) 375-6496 Fax (530) 666-8213 assessor@yolocounty.org

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.	то	BE	COMPL	ETED.	BY A	PHYSICIAN	(please	print)
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Date of disability:
ve to the replacement primary residence, and (2) the disability- ment primary residence:
OF DISABILITY s qualify as a disabled person according to the definition above.
DATE
DAYTIME PHONE NUMBER
EGAL GUARDIAN (please print)
NAME OF SPOUSE OR LEGAL GUARDIAN
ASSESSOR'S PARCEL/ID NUMBER
ATED REQUIREMENTS (check A or B)
how the replacement primary residence meets the disability-related by a physician or surgeon):
s of the State of California that the primary purpose of the move to th disability-related requirements described in Part I.
of the State of California that the primary purpose of the move to th rdens caused by the disability.
PRINTED NAME
DATE