

Richard Ford County Assessor-Recorder Lake County Courthouse 255 North Forbes Street Lakeport, CA 95453 Assessor's Office Phone: 707-263-2302 Recorder's Office Phone: 707-263-2293 Fax: 707-263-3703

## **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)

)escriptic		Date of disability:	
	on of patient's disability:		
	<ol> <li>the specific reasons why the disability neces quirements, including any locational requirements</li> </ol>		
am a lice	ensedphysiciansurgeon. My spec	cialty is:	
		RTIFICATION OF DISABILITY	
	certify that in my medical opinion, the above-name	ed patient does qualify as a disable	
IGNATURE	OF PHYSICIAN OR SURGEON		DATE
PHYSICIAN OR SURGEON'S NAME (print or type)			DAYTIME PHONE NUMBER
. TO BE	E COMPLETED BY CLAIMANT, CLAIMANT'S S	POUSE, OR LEGAL GUARDIAN (#	please print)
AME OF C	LAIMANT	NAME OF SPOUSE OR LE	EGAL GUARDIAN
PROPERTY ADDRESS			ASSESSOR'S PARCEL/ID NUMBER
	CERTIFICATION OF DIS	ABILITY-RELATED REQUIREMEN	NTS (check A or B)
A:	1. The claimant, spouse, or legal guardian m requirements identified in Part I <i>(Part I must b</i>		
	<ol> <li>I certify (or declare) under penalty of perjury replacement primary residence is to satisfy the</li> </ol>	he identified disability-related req	
□ B:	I certify (or declare) under penalty of perjury un replacement primary residence is <b>to alleviate the</b>	OR oder the laws of the State of Califo e financial burdens caused by the	ornia that the primary purpose of the move disability.
I	Please explain:		
IGNATURE	OF CLAIMANT, SPOUSE, OR LEGAL GUARDIAN	PRINTED NAME	
	IONE NUMBER		DATE
AYTIME PH			
)	500		
AYTIME PH	ESS		
) MAIL ADDR		NOT SUBJECT TO PUBLIC	INSPECTION