CERTIFICATE OF DISABILITY

The claimant listed below has applied to transfer his or her property tax base to a replacement property as provided by section 69.5 of the Revenue and Taxation Code. In order to qualify for this one time tax benefit, a licensed physician or surgeon of appropriate specialty must certify the disability of the claimant, or claimant's spouse, is both severe and permanent. The definition for a severely and permanently disabled person is, ". . . any person who has a physical disability or impairment, whether from birth or reason of accident or disease, including, but not limited to, any disability or impairment which affects sight, speech, hearing or use of any limbs and which results in a functional limitation as to employment or substantially limits one or more major life activities of that person, and which has been diagnosed as permanently affecting the person's ability to function." (Revenue and Taxation Code section 74.3)

I. TO BE COMPLETED BY A PHYSICIAN (please print)			
Patient's Name:	Date of disa	Date of disability:	
Description of patient's disability:			
Identify: (1) the specific reasons why the disability necessitates a r including any locational requirements, of a replacement dwelling:	nove to the replacement dwelling and	(2) the disability-related requirements	
I am a licensed physician surgeon. My specialty is:	RTIFICATION		
		erding to the definition obsue	
I certify that in my medical opinion the above named patient PHYSICIAN'S SIGNATURE	l does quality as a disabled person acc	DATE	
PHYSICIAN'S NAME (print or type)		DAYTIME PHONE NUMBER	
II. TO BE COMPLETED BY CLAIMANT, CLAIMANT'S SPOUSE	OR LEGAL GUARDIAN (please print)		
CLAIMANT'S NAME	SPOUSE'S NAME		
PROPERTY ADDRESS		ASSESSOR'S PARCEL NUMBER	
CERTIFICATE OF	DISABILITY (check A or B)		
 A: 1. The claimant or spouse must describe in his or her own identified in Part I (Part I must be completed by a physical second second	words how the replacement dwelling m	eets the disability-related requirements	
 I certify (or declare) under penalty of perjury under th replacement dwelling is to satisfy the identified disabili 	ty-related requirements described in Pa		
B: I certify (or declare) under penalty of perjury under the replacement dwelling is to alleviate the financial burdens		e primary purpose of the move to the	
SIGNATURE OF CLAIMANT	DAYTIME PHONE NUMBER	DATE	
	()		
SIGNATURE OF SPOUSE	DAYTIME PHONE NUMBER	DATE	
E-MAIL ADDRESS	()		

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



