The claimant listed below has applied to transfer their property tax base to a replacement primary residence. In order to quality to be benefit, a foreard physician or surgeon of apportent speciality must certify that the disability of impairment, whether the order of desaes. It is not a severely and permanently disabiled person is, ' any person who has a physical disability or impairment, whether or desaes. It is not explorement or substantially limits one or major life activities of that person, and that has been diagnosed as permanently affecting the person's ability to function, including, in the use of any limbs." (Revenue and Taxation Code section 74 to the use of any limbs." (Revenue and Taxation Code section 74 to the use of any limbs." (Revenue and Taxation Code section 74 to the use of any limbs." (Revenue and Taxation Code section 74 to the use of any limbs." (Revenue and Taxation Code section 74 to the use of any limbs." (Revenue and Taxation Code section 74 to the use of any limbs." (Revenue and Taxation Code section 74 to the use of any limbs." (Revenue and Taxation Code section 74 to the use of any limbs." (Revenue and Taxation Code section 74 to the use of any limbs." (Revenue and Taxation Code section 74 to the use of any limbs." (Revenue and Taxation Code section 74 to the use of any limbs." (Revenue and Taxation Code section 74 to the use of any limbs." (Revenue and Taxation Code section 74 to the use of any limbs." (Revenue and Taxation Code section 74 to the use of any limbs." (Revenue and Taxation Code section 74 to the use of the taxation Code section 74 to the use of any limbs." (Revenue and Taxation Code section 74 to the use of any limbs." (Revenue and taxation Code section 74 to the use of any limbs." (Revenue and taxation Code section 74 to the use of the taxation Code section 74 to the use of the taxation to the taxation Code section 74 to the use of the taxation for the use of the disability-related requirements, including, any locational requirements, of a replacement primary r	9-DC-R02-0522-36000151-1 OE-19-DC (P1) REV. 02 (05-22)	Chris Wilhite Assessor-Recorder-County Clerk San Bernardino County Assessor's Office 222 W. Hospitality Lane, 4th Floor San Bernardino, CA 92415-0311 arc.sbcounty.gov Phone: (909) 387-8307 Toll Free: (877) 885-7654
Patient's Name:	ax benefit, a licensed physician or surgeon of appropriate specialty he definition of a severely and permanently disabled person is, ". irth or by reason of accident or disease, that results in a f najor life activities of that person, and that has been diagnosed as	must certify that the disability of the claimant is severe and permanen any person who has a physical disability or impairment, whether from unctional limitation as to employment or substantially limits one or mor permanently affecting the person's ability to function, including, but no
Description of patient's disability:	I. TO BE COMPLETED BY A PHYSICIAN (please print)	
Identify: (1) the specific reasons why the disability necessitates a move to the replacement primary residence, and (2) the disability-related requirements, including any locational requirements, of a replacement primary residence: I am a licensed	Patient's Name:	Date of disability:
related requirements, including any locational requirements, of a replacement primary residence: I am a licensed physician surgeon. My specialty is: CERTIFICATION OF DISABILITY I certify that in my medical opinion, the above-named patient 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) DATE II. TO BE COMPLETED BY CLAIMANT, CLAIMANT'S SPOUSE, OR LEGAL GUARDIAN (please print) NAME OF SPOUSE OR LEGAL GUARDIAN NAME OF CLAIMANT NAME OF SPOUSE OR LEGAL GUARDIAN PROPERTY ADDRESS ASSESSOR'S PARCELID NUMBER CERTIFICATION OF DISABILITY-RELATED REQUIREMENTS (check A or B) CERTIFICATION OF DISABILITY-RELATED REQUIREMENTS (check A or B) A: 1. The claimant, spouse, or legal guardian must describe how the replacement primary residence meets the disability-requirements identified in Part I (Part I must be completed by a physician or surgeon): OR ND 2. I certify (or declare) under penalty of perjury under the laws of the State of California that the primary purpose of the move replacement primary residence is to satisfy the identified disability-related requirements described in Part I. OR I settify (or declare) under penalty of perjury under the laws of the State of California that the primary purpose of the move replacement primary residence is to satisfy the identified disability-related requirements described in Part	Description of patient's disability:	
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THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION		