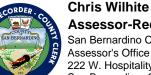
CERTIFICATE OF DISABILITY

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	Date of disability:	
Description of patient's disability:			
Identify: (1) the specific reasons why the disability necessitates including any locational requirements, of a replacement dwelling		and (2) the disability-related requirements	
I am a licensed physician surgeon. My specialty i	is:		
C	CERTIFICATION		
I certify that in my medical opinion the above named pat	ient does qualify as a disabled pers	on according to the definition above.	
PHYSICIAN'S SIGNATURE		DATE	
PHYSICIAN'S NAME (print or type)		DAYTIME PHONE NUMBER	
II. TO BE COMPLETED BY CLAIMANT, CLAIMANT'S SPOUS	SE 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 o identified in Part I <i>(Part I must be completed by a p</i>	wn words how the replacement dwe	ling meets the disability-related requirements	
2. I certify (or declare) under penalty of perjury under replacement dwelling is to satisfy the identified disa			
B: I certify (or declare) under penalty of perjury under the replacement dwelling is to alleviate the financial burder	he laws of the State of California th	nat the primary purpose of the move to the	
SIGNATURE OF CLAIMANT	DAYTIME PHONE NUMBE	R DATE	
	()		
SIGNATURE OF SPOUSE		R DATE	
E-MAIL ADDRESS	()		

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION





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