EF-19-DC-R02-0522-39000146-1 BOE-19-DC (P1) REV. 02 (05-22)



Steve J. Bestolarides Assessor-Recorder-County Clerk

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https://www.sigov.org/department/assessor

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)		according innection (News			
Patient's Name:	nt's Name: Date of c			lisability:	
Description of patient's disability:					
Identify: (1) the specific reasons why the disability necessitates a m related requirements, including any locational requirements, of a replace			esidence	e, and (2) the disability-	
I am a licensed physician surgeon. My specialty is:					
CERTIFICATIO					
I certify that in my medical opinion, the above-named patient does qualify as a disabled person accompany of the second s			ccording		
SIGNATURE OF PHYSICIAN OR SURGEON				DATE	
PHYSICIAN OR SURGEON'S NAME (print or type)				DAYTIME PHONE NUMBER	
II. TO BE COMPLETED BY CLAIMANT, CLAIMANT'S SPOUSE, OR			·		
NAME OF CLAIMANT NAME OF SPOUSE OR LEGAL GUARDIAN					
PROPERTY ADDRESS			ASSESSOR'S PARCEL/ID NUMBER		
CERTIFICATION OF DISABILITY-RE	LATED F	REQUIREMENTS (check	A or B)		
A: 1. The claimant, spouse, or legal guardian must describe requirements identified in Part I (Part I must be completed			residenc	e meets the disability-related	
AN 2. I certify (or declare) under penalty of perjury under the la replacement primary residence is to satisfy the identified	ws of the				
OF B: I certify (or declare) under penalty of perjury under the law replacement primary residence is to alleviate the financial b	२ rs of the S	State of California that th			
Please explain:					
SIGNATURE OF CLAIMANT, SPOUSE, OR LEGAL GUARDIAN		PRINTED NAME			
DAYTIME PHONE NUMBER () EMAIL ADDRESS				DATE	