	2-0522-40000210-1 (P1) REV. 02 (05-22)	RESS CAR		reet, Suite D360 CA 93408 781-5643 41
ERTIF	ICATE OF DISABILITY		Web Site: slocounty.ca.gov/assessor	
ax benef he defin irth or najor life mited to	ant listed below has applied to transfer the t, a licensed physician or surgeon of approp- ition of a severely and permanently disabled by reason of accident or disease, that activities of that person, and that has been any disability or impairment that affects sign	priate specialty must certify that the d person is, " any person who has results in a functional limitation as t diagnosed as permanently affecting th ght, speech, hearing, or the use of an	lisability of the claima s a physical disability to employment or su ne person's ability to	nt is severe and permanen or impairment, whether fror bstantially limits one or mor function, including, but no
I. TO B	E COMPLETED BY A PHYSICIAN (please p	vrint)		
Patient's Name: Date of disabi			Date of disability: _	
Descript	ion of patient's disability:			
	(1) the specific reasons why the disability requirements, including any locational require			and (2) the disability-
l am a lie	censed 🗌 physician 🗌 surgeon. My	y specialty is:		
		CERTIFICATION OF DISABILITY		
I	certify that in my medical opinion, the above-	-named patient does qualify as a disab	led person according	to the definition above.
SIGNATUR	E OF PHYSICIAN OR SURGEON			DATE
PHYSICIAI	N OR SURGEON'S NAME (print or type)			DAYTIME PHONE NUMBER
				()
NAME OF	E COMPLETED BY CLAIMANT, CLAIMANT CLAIMANT	I'S SPOUSE, OR LEGAL GUARDIAN NAME OF SPOUSE OR		
PROPERT	ADDRESS		ASSESSO	R'S PARCEL/ID NUMBER
		DISABILITY-RELATED REQUIREM	ENTS (check A or B)	
	CERTIFICATION OF			
☐ A:	1. The claimant, spouse, or legal guardia requirements identified in Part I (Part I m	an must describe how the replacem		e meets the disability-relate
A:	1. The claimant, spouse, or legal guardia	an must describe how the replacem nust be completed by a physician or su AND rjury under the laws of the State of Ca isfy the identified disability-related r	alifornia that the prima	ary purpose of the move to the
□ A:	 The claimant, spouse, or legal guardia requirements identified in Part I (Part I m 2. I certify (or declare) under penalty of penalty 	an must describe how the replacem nust be completed by a physician or su AND rjury under the laws of the State of Ca isfy the identified disability-related r OR	alifornia that the prima equirements describe	ary purpose of the move to the ed in Part I.
	 The claimant, spouse, or legal guardia requirements identified in Part I (Part I m I certify (or declare) under penalty of pen replacement primary residence is to sati 	an must describe how the replacem nust be completed by a physician or su AND rjury under the laws of the State of Ca isfy the identified disability-related r OR	alifornia that the prima equirements describe	ary purpose of the move to the ed in Part I.
□ B:	 The claimant, spouse, or legal guardia requirements identified in Part I (Part I m 2. I certify (or declare) under penalty of pen replacement primary residence is to sati I certify (or declare) under penalty of perju replacement primary residence is to allevia 	an must describe how the replacem nust be completed by a physician or su AND rjury under the laws of the State of Ca isfy the identified disability-related r OR	alifornia that the prima equirements describu lifornia that the priman he disability.	ary purpose of the move to the ed in Part I.
	 The claimant, spouse, or legal guardia requirements identified in Part I (Part I m I certify (or declare) under penalty of pen replacement primary residence is to sati I certify (or declare) under penalty of perju replacement primary residence is to allevia Please explain: 	AND Figure 1 and a set of Call AND Figure 1 and a set of the State of Call Figure 1 and a set of the State of the State of Call Figure 1 and a set of the State	alifornia that the prima equirements describu lifornia that the priman he disability.	ary purpose of the move to the ed in Part I.
B:	 The claimant, spouse, or legal guardia requirements identified in Part I (Part I mention Part I) (Part I) (Part I mention Part I) (Part I) (Par	AND Figure 1 and a set of Call AND Figure 1 and a set of the State of Call Figure 1 and a set of the State of the State of Call Figure 1 and a set of the State	alifornia that the prima equirements describu lifornia that the priman he disability.	ary purpose of the move to the ed in Part I. ry purpose of the move to th