

## James B Rooney Assessor of Amador County

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## **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)				
Patient's Name:	Name: Date of disate			
Description of patient's disability:				
Identify: (1) the specific reasons why the disability necess related requirements, including any locational requirements,			residence, and (2) the disability-	
I am a licensed  physician surgeon. My speci	alty is:			
CER	TIFICATION OF DIS	SABILITY		
I certify that in my medical opinion, the above-name	d patient does qualit	y as a disabled person ac	ccording to the definition above.	
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 SP	OUSE, OR LEGAL	GUARDIAN (please print	t)	
NAME OF CLAIMANT	NAME C	F SPOUSE OR LEGAL GUARDIA	AN	
PROPERTY ADDRESS			ASSESSOR'S PARCEL/ID NUMBER	
CERTIFICATION OF DISA	BILITY-RELATED F	REQUIREMENTS (check	A or B)	
A: 1. The claimant, spouse, or legal guardian mu requirements identified in Part I (Part I must be			residence meets the disability-re	elated
	AND			
<ol><li>I certify (or declare) under penalty of perjury under replacement primary residence is to satisfy the</li></ol>				to the
B: I certify (or declare) under penalty of perjury under replacement primary residence is <b>to alleviate the</b>	ler the laws of the s financial burdens	State of California that the caused by the disability.	he primary purpose of the move t	to the
Please explain:				
SIGNATURE OF CLAIMANT, SPOUSE, OR LEGAL GUARDIAN		PRINTED NAME		
DAYTIME PHONE NUMBER			DATE	
EMAIL ADDRESS				

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

