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 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		
	CERTIFICATION	
I certify that in my medical opinion the above named pat	tient does qualify as a disabled person	
Philipician S Signal ure		DATE
PHYSICIAN'S NAME (print or type)		DAYTIME PHONE NUMBER
II. TO BE COMPLETED BY CLAIMANT, CLAIMANT'S SPOUS	SE OR LEGAL GUARDIAN (please pl	rint)
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 or identified in Part I (Part I must be completed by a p	own words how the replacement dwellir	ng meets the disability-related requirements
 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. 	OR he laws of the State of California tha	
SIGNATURE OF CLAIMANT	DAYTIME PHONE NUMBER	DATE
	()	
SIGNATURE OF SPOUSE	DAYTIME PHONE NUMBER	DATE
E-MAIL ADDRESS	()	
e-mail address		



Calaveras County Assessor 891 Mountain Ranch Road San Andreas, CA 95249 209.754.6356 assessorpublic@co.calaveras.ca.us

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

