

Bob Buckner Colusa County Assessor

547 Market St., Suite 101 Colusa, CA 95932 (530) 458-0450

CERTIFICATE OF DISABILITY

The claimant listed below has applied to transfer their 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 p	orint)		
Patient's Name:	Date of dis	Date of disability:	
Description of patient's disability:			
Identify: (1) the specific reasons why the disability no including any locational requirements, of a replacement		(2) the disability-related requirements	
I am a licensed physician surgeon. M	y specialty is:CERTIFICATION		
I certify that in my medical opinion the above	named patient does qualify as a disabled person ac	cording to the definition above.	
PHYSICIAN'S SIGNATURE		DATE	
PHYSICIAN'S NAME (print or type)		DAYTIME PHONE NUMBER	
II. TO BE COMPLETED BY CLAIMANT, CLAIMAN	T'S SPOUSE OR LEGAL GUARDIAN (please print)		
CLAIMANT'S NAME	SPOUSE'S NAME		
PROPERTY ADDRESS		ASSESSOR'S PARCEL NUMBER	
CER	RTIFICATE OF DISABILITY (check A or B)		
A: 1. The claimant or spouse must describe in identified in Part I (Part I must be completed)	their own words how the replacement dwelling meet leted by a physician):	ts the disability-related requirements	
I certify (or declare) under penalty of pering replacement dwelling is to satisfy the identification.	AND rjury under the laws of the State of California that to entified disability-related requirements described in P OR	he primary purpose of the move to the Part I.	
B: I certify (or declare) under penalty of perjureplacement dwelling is to alleviate the final	ury under the laws of the State of California that th	e primary purpose of the move to the	
SIGNATURE OF CLAIMANT	DAYTIME PHONE NUMBER	DATE	
SIGNATURE OF SPOUSE	() DAYTIME PHONE NUMBER	DATE	
DISTRIBUTE OF GLOGGE	()	DAIL	
E-MAIL ADDRESS			

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

