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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:		Date of disability:
Description of patient's disability:		
	e disability necessitates a move to the replace ional requirements, of a replacement primary res	ement primary residence, and (2) the disability- sidence:
am a licensed physician	surgeon. My specialty is:	
	CERTIFICATION OF DISABILITY	1
I certify that in my medical opinion	n, the above-named patient does qualify as a dis	sabled person according to the definition above.
SIGNATURE OF PHYSICIAN OR SURGEON		DATE
PHYSICIAN OR SURGEON'S NAME (print or type)		DAYTIME PHONE NUMBER
I. TO BE COMPLETED BY CLAIMANT,	, CLAIMANT'S SPOUSE, OR LEGAL GUARDI	AN (please print)
IAME OF CLAIMANT		OR LEGAL GUARDIAN
PROPERTY ADDRESS		ASSESSOR'S PARCEL/ID NUMBER
CERTIFI	CATION OF DISABILITY-RELATED REQUIRE	EMENTS (check A or B)
	egal guardian must describe how the replace art I (<i>Part I must be completed by a physician or</i>	ement primary residence meets the disability-rela r surgeon):
requirements identified in Pa		
2. I certify (or declare) under p replacement primary residen	nce is to satisfy the identified disability-relate OR	^f California that the primary purpose of the move to a d requirements described in Part I. California that the primary purpose of the move to y the disability.
 I certify (or declare) under p replacement primary residen B: I certify (or declare) under pen replacement primary residence 	nenalty of perjury under the laws of the State of ace is to satisfy the identified disability-relate OR	ed requirements described in Part I.
 I certify (or declare) under p replacement primary residen B: I certify (or declare) under pen replacement primary residence 	penalty of perjury under the laws of the State of ince is to satisfy the identified disability-relate OR palty of perjury under the laws of the State of 0 is to alleviate the financial burdens caused by	ed requirements described in Part I. California that the primary purpose of the move to y the disability.
 2. I certify (or declare) under p replacement primary residen B: I certify (or declare) under pen replacement primary residence Please explain: 	penalty of perjury under the laws of the State of face is to satisfy the identified disability-relate OR palty of perjury under the laws of the State of 0 is to alleviate the financial burdens caused b	ed requirements described in Part I. California that the primary purpose of the move to y the disability.