EF-19-DC-R02-0522-13000196-1 BOE-19-DC (P1) REV. 02 (05-22)



Robert Menvielle Imperial County Assessor

940 W. Main Street Suite 115 El Centro, CA 92243 Main Office: (442) 265-1300 Website: assessor.imperialcounty.org

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 p | orint) |
|--|--|
| Patient's Name: | Date of disability: |
| Description of patient's disability: | |
| Identify: (1) the specific reasons why the disability related requirements, including any locational require | necessitates a move to the replacement primary residence, and (2) the disabilityments, of a replacement primary residence: |
| I am a licensed physician surgeon. M | y specialty is: |
| Locatify that in my modical oninion, the above | -named patient does qualify as a disabled person according 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, CLAIMAN | |
| NAME OF CLAIMANT | NAME OF SPOUSE OR LEGAL GUARDIAN |
| PROPERTY ADDRESS | ASSESSOR'S PARCEL/ID NUMBER |
| CERTIFICATION OF | DISABILITY-RELATED REQUIREMENTS (check A or B) |
| | an must describe how the replacement primary residence meets the disability-related nust be completed by a physician or surgeon): |
| | AND rjury under the laws of the State of California that the primary purpose of the move to the isfy the identified disability-related requirements described in Part I. |
| B: I certify (or declare) under penalty of perjureplacement primary residence is to allevia | OR Iry under the laws of the State of California that the primary purpose of the move to the Ite the financial burdens caused by the disability. |
| Please explain: | |
| | I savissa vivis |
| SIGNATURE OF CLAIMANT, SPOUSE, OR LEGAL GUARDIAN | PRINTED NAME |
| DAYTIME PHONE NUMBER () | DATE |
| EMAIL ADDRESS | |