EF-19-DC-R02-0522-21000326-1 BOE-19-DC (P1) REV. 02 (05-22)



## SHELLY SCOTT ASSESSOR-RECORDER-COUNTY CLERK

CHANGE IN OWNERSHIP PO Box C, Civic Center Branch San Rafael, CA 94913 PH (415) 473-7231 FAX (415) 473-6542 www.marincounty.gov

## **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 disability:				
Description of patient's disability:					
Identify: (1) the specific reasons why the disability necessitates related requirements, including any locational requirements, of a			residence	e, and (2) the disability-	
I am a licensed physician surgeon. My specialty is					
I certify that in my medical opinion, the above-named pati	EATION OF DISA		ccordina	to the definition above	
SIGNATURE OF PHYSICIAN OR SURGEON		<u> </u>		DATE	
PHYSICIAN OR SURGEON'S NAME (print or type)				DAYTIME PHONE NUMBER	
II. TO BE COMPLETED BY CLAIMANT, CLAIMANT'S SPOUS	E, OR LEGAL O	GUARDIAN (please print	t)		
NAME OF CLAIMANT	NAME OF	SPOUSE OR LEGAL GUARDIA	AN		
PROPERTY ADDRESS			ASSESSO	ASSESSOR'S PARCEL/ID NUMBER	
CERTIFICATION OF DISABILIT	ΓY-RELATED R	EQUIREMENTS (check	A or B)		
A: 1. The claimant, spouse, or legal guardian must de requirements identified in Part I (Part I must be com			residenc	e meets the disability-related	
I certify (or declare) under penalty of perjury under replacement primary residence is to satisfy the idea.	ntified disabilit	State of California that t	the prima s describ	ary purpose of the move to the ed in Part I.	
B: I certify (or declare) under penalty of perjury under the replacement primary residence is <b>to alleviate the finan</b>	OR he laws of the Sh ncial burdens ca	tate of California that that the disability.	ne prima	ry purpose of the move to the	
Please explain:					
SIGNATURE OF CLAIMANT, SPOUSE, OR LEGAL GUARDIAN		PRINTED NAME			
DAYTIME PHONE NUMBER  ( )  EMAIL ADDRESS	1			DATE	

