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)

Patient's Name:	Date of disability:	
Description of patient's disability:		
Identify: (1) the specific reasons why the disability necessitates a m including any locational requirements, of a replacement dwelling:	ove to the replacement dwelling an	d (2) the disability-related requirements,
I am a licensedphysiciansurgeon. My specialty is:		
	TIFICATION	
I certify that in my medical opinion the above named patient	does quality as a disabled person a	DATE
PHYSICIAN'S NAME (print or type)		DAYTIME PHONE NUMBER
II. TO BE COMPLETED BY CLAIMANT, CLAIMANT'S SPOUSE O	R LEGAL GUARDIAN (please prin	<i>t</i>)
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 own widentified in Part I (<i>Part I must be completed by a physical co</i>		meets the disability-related requirements
 A 2. I certify (or declare) under penalty of perjury under the replacement dwelling is to satisfy the identified disability 		
B: I certify (or declare) under penalty of perjury under the la replacement dwelling is to alleviate the financial burdens ca		he primary purpose of the move to the
SIGNATURE OF CLAIMANT	DAYTIME PHONE NUMBER	DATE
		DATE
SIGNATURE OF SPOUSE	DAYTIME PHONE NUMBER	DATE
	()	



MERCED COUNTY MATT H. MAY, ASSESSOR

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