9-DC-R02-0522-30000897-1 DE-19-DC (P1) REV. 02 (05-22) ERTIFICATE OF DISABILITY	STATUS OF CORPORT	Claude Parrish Orange County Assessor 500 S. Main Street, First Floor, Suite 103 Orange, CA 92868-4512 or P. O. Box 22000 Santa Ana, CA 92702-2000 (714) 834-2746 www.ocassessor.gov	
ne claimant listed below has applied to transfer the x benefit, a licensed physician or surgeon of appropria ne definition of a severely and permanently disabled p rth or by reason of accident or disease, that re ajor life activities of that person, and that has been d nited to, any disability or impairment that affects sigh	ate specialty must certify that the person is, " any person who esults in a functional limitation a liagnosed as permanently affecting it, speech, hearing, or the use of	cement primary residen e disability of the claima has a physical disabilit is to employment or si g the person's ability t	ace. In order to qualify for t ant is severe and permane ty or impairment, whether fro ubstantially limits one or mo to function, including, but
I. TO BE COMPLETED BY A PHYSICIAN (please prin			
		Date of disability:	
Description of patient's disability:			
Identify: (1) the specific reasons why the disability ne related requirements, including any locational requireme	ents, of a replacement primary re	sidence:	
am a licensed physician surgeon. My s	specialty is:		
	CERTIFICATION OF DISABILITY		a to the definition above
I certify that in my medical opinion, the above-na			
PHYSICIAN OR SURGEON'S NAME (print or type)			DAYTIME PHONE NUMBER
I. TO BE COMPLETED BY CLAIMANT, CLAIMANT'S			
NAME OF CLAIMANT	NAME OF SPOUSE	OR LEGAL GUARDIAN	
PROPERTY ADDRESS	I	ASSESS	OR'S PARCEL/ID NUMBER
CERTIFICATION OF D	DISABILITY-RELATED REQUIRE	EMENTS (check A or B)	
A: 1. The claimant, spouse, or legal guardian	n must describe how the replac	ement primary residen	
requirements identified in Part I <i>(Part I <b>mu</b>s)</i>			
<ol> <li>requirements identified in Part I (Part I mustified)</li> <li>2. I certify (or declare) under penalty of perjure placement primary residence is to satisf</li> </ol>	AND ury under the laws of the State of		
2. I certify (or declare) under penalty of perju	AND ury under the laws of the State of fy the identified disability-relate OR	d requirements describ	bed in Part I.
<ul> <li>2. I certify (or declare) under penalty of perjure replacement primary residence is to satisf</li> <li>B: I certify (or declare) under penalty of perjury replacement primary residence is to alleviate</li> </ul>	AND ury under the laws of the State of fy the identified disability-relate OR	d requirements describ	bed in Part I.
<ul> <li>2. I certify (or declare) under penalty of perjurreplacement primary residence is to satisf</li> <li>B: I certify (or declare) under penalty of perjurreplacement primary residence is to alleviate</li> <li>Please explain:</li></ul>	AND ury under the laws of the State of fy the identified disability-relate OR	<b>d requirements</b> describ California that the prima y the disability.	bed in Part I.
<ul> <li>2. I certify (or declare) under penalty of perjure replacement primary residence is to satisf</li> <li>B: I certify (or declare) under penalty of perjury replacement primary residence is to alleviate</li> </ul>	AND Iry under the laws of the State of fy the identified disability-relate OR under the laws of the State of the the financial burdens caused b	<b>d requirements</b> describ California that the prima y the disability.	bed in Part I.
<ul> <li>2. I certify (or declare) under penalty of perjury replacement primary residence is to satisf</li> <li>B: I certify (or declare) under penalty of perjury replacement primary residence is to alleviate Please explain:</li> </ul>	AND Iry under the laws of the State of fy the identified disability-relate OR under the laws of the State of the the financial burdens caused b	<b>d requirements</b> describ California that the prima y the disability.	bed in Part I. ary purpose of the move to

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