

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

CERTIFICATE OF DISABILITY

The claimant listed below has applied to transfer their 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) | | |
|---|---|---|
| I. TO BE COMPLETED BY A PHYSICIAN (please print) | | |
| Patient's Name: | Date of disability: | |
| Description of patient's disability: | | |
| Description of patient's disability. | | |
| Identify: (1) the specific reasons why the disability necessitate including any locational requirements, of a replacement dwelli | | and (2) the disability-related requirements |
| I am a licensed physician surgeon. My special | ty is: | |
| l certify that in my medical opinion the above named բ | patient does qualify as a disabled persor | according to the definition above. |
| PHYSICIAN'S SIGNATURE | | DATE |
| PHYSICIAN'S NAME (print or type) | | DAYTIME PHONE NUMBER |
| II. TO BE COMPLETED BY CLAIMANT, CLAIMANT'S SPO | USE OR LEGAL GUARDIAN (please pl | rint) |
| CLAIMANT'S NAME | SPOUSE'S NAME | |
| PROPERTY ADDRESS | | ASSESSOR'S PARCEL NUMBER |
| CERTIFICAT | E OF DISABILITY (check A or B) | |
| A: 1. The claimant or spouse must describe in their ow identified in Part I (Part I must be completed by a | | neets the disability-related requirements |
| | AND | |
| I certify (or declare) under penalty of perjury under replacement dwelling is to satisfy the identified different control of the control | | |
| B: I certify (or declare) under penalty of perjury under replacement dwelling is to alleviate the financial burd | r the laws of the State of California tha | t the primary purpose of the move to the |
| SIGNATURE OF CLAIMANT | DAYTIME PHONE NUMBER | DATE |
| SIGNATURE OF SPOUSE | DAYTIME PHONE NUMBER | DATE |
| • | () | |
| F-MAIL ADDRESS | <u> </u> | |

