EF-19-DC-R02-0522-31000188-1 BOE-19-DC (P1) REV. 02 (05-22)



## Matthew R. Maynard Placer County Assessor

2980 Richardson Drive

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## **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 a m related requirements, including any locational requirements, of a replace			residenc	e, and (2) the disability-
I am a licensed  physician surgeon. My specialty is:				
CERTIFICATIO	N OF DIS	SABILITY		
I certify that in my medical opinion, the above-named patient do	oes quali	y as a disabled person a	ccording	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, CLAIMANT'S SPOUSE, OR	LEGAL	GUARDIAN (please prin	t)	
NAME OF CLAIMANT NAME OF SPOUSE OR LEGAL GUAR			AN	
PROPERTY ADDRESS			ASSESSOR'S PARCEL/ID NUMBER	
CERTIFICATION OF DISABILITY-RE	LATED I	REQUIREMENTS (check	A or B)	
A: 1. The claimant, spouse, or legal guardian must describe requirements identified in Part I (Part I must be completed			residenc	e meets the disability-related
ANI  2. I certify (or declare) under penalty of perjury under the la replacement primary residence is to satisfy the identified	ws of the			
OR  B: I certify (or declare) under penalty of perjury under the laws replacement primary residence is <b>to alleviate the financial b</b>	R s of the s <b>ourdens</b>	State of California that the caused by 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

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

