

Peter Aldana Assessor-County Clerk-Recorder County of Riverside PO Box 751 Riverside, CA 92502-0751 (951) 955-7006 www.rivcoacr.org

## **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:		Date of disability:			
Description of patient's disability:					
Identify: (1) the specific reasons why the disability necessitat related requirements, including any locational requirements, of a			esidence, and (2) the o	Jisability-	
I am a licensed 🗌 physician 🗌 surgeon. My specialty	is:				
CERTIFI	CATION OF DISABILITY				
I certify that in my medical opinion, the above-named pa		abled person ac	cording to the definitior	1 above.	
SIGNATURE OF PHYSICIAN OR SURGEON			DATE		
PHYSICIAN OR SURGEON'S NAME (print or type)		DAYTIME PHONE NUMBER		NUMBER	
II. TO BE COMPLETED BY CLAIMANT, CLAIMANT'S SPOU	SE, OR LEGAL GUARDIA	N (please print)	)		
NAME OF CLAIMANT	NAME OF SPOUSE C	R LEGAL GUARDIA	N		
PROPERTY ADDRESS			ASSESSOR'S PARCEL/ID NUMBER		
CERTIFICATION OF DISABIL	ITY-RELATED REQUIRE	MENTS (check)	A or B)		
A: 1. The claimant, spouse, or legal guardian must or requirements identified in Part I (Part I must be control of the cont			residence meets the c	lisability-related	
<ul> <li>2. I certify (or declare) under penalty of perjury unde replacement primary residence is to satisfy the id</li> <li>B: I certify (or declare) under penalty of perjury under t replacement primary residence is to alleviate the final</li> </ul>	entified disability-related OR	l requirements	described in Part I.		
Please explain:					
SIGNATURE OF CLAIMANT, SPOUSE, OR LEGAL GUARDIAN	PRINTED N	AME			
			DATE		
C / / / / / / / / / / / / / / / / / / /					
THIS DOCUMENT IS NO					
88 (     888   818   811   881     884         888  41     884   1894  884  884  884  884  884  884  884					