

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)

EE-19-DC-R02-0522-3300037

Patient's Name:		Date of disability:		
Description of patient's disability:				
	why the disability necessitates a mo locational requirements, of a replace		residence, and (2) the disability-	
I am a licensed 🗌 physician	surgeon. My specialty is:			
	CERTIFICATION	N OF DISABILITY		
I certify that in my medical c	opinion, the above-named patient do	es qualify as a disabled person a	according to the definition above.	
SIGNATURE OF PHYSICIAN OR SURGEON			DATE	
PHYSICIAN OR SURGEON'S NAME (print or ty	ipe)		DAYTIME PHONE NUMBER	
II. TO BE COMPLETED BY CLAIN	MANT, CLAIMANT'S SPOUSE, OR	LEGAL GUARDIAN (please prir	nt)	
NAME OF CLAIMANT		NAME OF SPOUSE OR LEGAL GUARD	IAN	
PROPERTY ADDRESS			ASSESSOR'S PARCEL/ID NUMBER	
CE	RTIFICATION OF DISABILITY-REI	LATED REQUIREMENTS (check	k A or B)	
	e, or legal guardian must describe d in Part I <i>(Part I <b>must</b> be completed</i>		residence meets the disability-related	
replacement primary re	esidence is <b>to satisfy the identified</b> OR	ws of the State of California that I disability-related requirement	the primary purpose of the move to the s described in Part I. he primary purpose of the move to the	
SIGNATURE OF CLAIMANT, SPOUSE, OR LEGA	AL GUARDIAN	PRINTED NAME		
DAYTIME PHONE NUMBER			DATE	
EMAIL ADDRESS				
T	HIS DOCUMENT IS NOT SUB	JECT TO PUBLIC INSPEC	TION	