EF-19-DC-R02-0522-39000337-1 BOE-19-DC (P1) REV. 02 (05-22)



## Steve J. Bestolarides Assessor-Recorder-County Clerk

San Joaquin County
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Telephone: (209) 468-2658
https://www.sigov.org/department/assessor

## **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)			
nt's Name: Date of disabi		lisability: .	
Description of patient's disability:			
Identify: (1) the specific reasons why the disability necessitates a mov related requirements, including any locational requirements, of a replacer		residence	e, and (2) the disability-
I am a licensed physician surgeon. My specialty is:			
CERTIFICATION	OF DISABILITY		
I certify that in my medical opinion, the above-named patient does qualify as a disabled person according 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 L	EGAL GUARDIAN (please pri	nt)	
AME OF CLAIMANT  NAME OF SPOUSE OR LEGAL GUARDIAN			
PROPERTY ADDRESS		ASSESSOR'S PARCEL/ID NUMBER	
CERTIFICATION OF DISABILITY-RELA	ATED REQUIREMENTS (chec	k A or B)	
A: 1. The claimant, spouse, or legal guardian must describe is requirements identified in Part I (Part I must be completed by		residenc	ce meets the disability-related
AND  2. I certify (or declare) under penalty of perjury under the laws replacement primary residence is <b>to satisfy the identified o</b>			
OR  B: I certify (or declare) under penalty of perjury under the laws or replacement primary residence is to alleviate the financial but	of the State of California that		
Please explain:			
SIGNATURE OF CLAIMANT, SPOUSE, OR LEGAL GUARDIAN	PRINTED NAME		
ONATIME PHONE NUMBER  ( )  MANUADDESS			DATE

