	2-0522-40000168-1 (P1) REV. 02 (05-22)	ASSESSOR PARTING PARTI	San Luis Obis County Governme 1055 Monterey Str San Luis Obispo, ( Telephone (805) 7 Fax: (805) 781-56 Email: Assessor@	reet, Suite D360 CA 93408 /81-5643 41 /co.slo.ca.us	
ERTIF	CATE OF DISABILITY		Web Site: slocounty.ca.gov/assessor		
x benefi he defin rth or l ajor life nited to,	ant listed below has applied to transfer t, a licensed physician or surgeon of appro- ition of a severely and permanently disabled by reason of accident or disease, that activities of that person, and that has been , any disability or impairment that affects s	ppriate specialty must certify that the d person is, " any person who ha results in a functional limitation as n diagnosed as permanently affecting t sight, speech, hearing, or the use of a	disability of the claiman as a physical disability to employment or su he person's ability to	nt is severe and permanen or impairment, whether fror bstantially limits one or mor function, including, but no	
. то в	E COMPLETED BY A PHYSICIAN (please	print)			
Patient's Name: Dat			Date of disability: _	ate of disability:	
Descripti	on of patient's disability:				
	(1) the specific reasons why the disability equirements, including any locational require			e, and (2) the disability-	
l am a lic	ensedphysiciansurgeon. M	ly specialty is:			
		CERTIFICATION OF DISABILITY			
I	certify that in my medical opinion, the above	e-named patient does qualify as a disa	bled person according	to the definition above.	
SIGNATUR	E OF PHYSICIAN OR SURGEON			DATE	
	NOR SURGEON'S NAME (print or type)			DAYTIME PHONE NUMBER	
				( )	
	E COMPLETED BY CLAIMANT, CLAIMAN			( )	
II. TO B		IT'S SPOUSE, OR LEGAL GUARDIA			
NAME OF (			R LEGAL GUARDIAN	R'S PARCEL/ID NUMBER	
NAME OF (	CLAIMANT		R LEGAL GUARDIAN	R'S PARCEL/ID NUMBER	
NAME OF C	CLAIMANT	F DISABILITY-RELATED REQUIREN	R LEGAL GUARDIAN ASSESSO IENTS (check A or B) nent primary residenc		
NAME OF C	CLAIMANT ADDRESS CERTIFICATION O 1. The claimant, spouse, or legal guard	INAME OF SPOUSE OF IF DISABILITY-RELATED REQUIREN Iian must describe how the replacer must be completed by a physician or s AND erjury under the laws of the State of C tisfy the identified disability-related	R LEGAL GUARDIAN ASSESSO IENTS (check A or B) nent primary residenc urgeon): California that the prima	e meets the disability-related	
NAME OF C	CLAIMANT ADDRESS CERTIFICATION O 1. The claimant, spouse, or legal guard requirements identified in Part I (Part I r 2. I certify (or declare) under penalty of pe	INAME OF SPOUSE OF IF DISABILITY-RELATED REQUIREN Iian must describe how the replacer must be completed by a physician or s AND erjury under the laws of the State of C tisfy the identified disability-related OR	R LEGAL GUARDIAN ASSESSO AENTS (check A or B) nent primary residenc urgeon): California that the prima requirements describe	e meets the disability-related any purpose of the move to the ed in Part I.	
	<ul> <li>CLAIMANT</li> <li>CADDRESS</li> <li>CERTIFICATION O</li> <li>The claimant, spouse, or legal guard requirements identified in Part I (Part I r</li> <li>I certify (or declare) under penalty of per replacement primary residence is to satisfy</li> </ul>	INAME OF SPOUSE OF IF DISABILITY-RELATED REQUIREN Iian must describe how the replacer must be completed by a physician or s AND erjury under the laws of the State of C tisfy the identified disability-related OR	R LEGAL GUARDIAN ASSESSO AENTS (check A or B) nent primary residenc urgeon): California that the prima requirements describe	e meets the disability-relate any purpose of the move to the ed in Part I.	
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