	02-0522-40000306-1 (P1) REV. 02 (05-22)	C PAN LUS CON	San Luis Obis County Governme 1055 Monterey Sti 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	ICATE OF DISABILITY		Web Site: slocounty.ca.gov/assessor		
ix benefi he defin irth or iajor life	nant listed below has applied to transfer t it, a licensed physician or surgeon of approp- 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 sig	priate specialty must certify that the di person is, " any person who has results in a functional limitation as to diagnosed as permanently affecting the	sability of the claimar a physical disability o employment or su e person's ability to	nt is severe and permanen or impairment, whether fror bstantially limits one or mor function, including, but no	
I. TO B	E COMPLETED BY A PHYSICIAN (please p	print)			
Patient's	Name:		Date of disability: _		
Descript	ion 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	censedphysiciansurgeon. My	/ specialty is:			
		CERTIFICATION OF DISABILITY			
1	certify that in my medical opinion, the above	-named patient does qualify as a disabl	ed person according	to the definition above.	
SIGNATUR	E OF PHYSICIAN OR SURGEON			DATE	
				DAYTIME PHONE NUMBER	
PHYSICIAN	N OR SURGEON'S NAME (print or type)			DAT TIME PHONE NUMBER	
	E COMPLETED BY CLAIMANT, CLAIMANT	T'S SPOUSE, OR LEGAL GUARDIAN			
II. TO B	E COMPLETED BY CLAIMANT, CLAIMANT		EGAL GUARDIAN	()	
II. TO B	E COMPLETED BY CLAIMANT, CLAIMANT		EGAL GUARDIAN		
II. TO B	CLAIMANT		EGAL GUARDIAN	()	
II. TO B	CLAIMANT	NAME OF SPOUSE OR I	EGAL GUARDIAN ASSESSO ENTS (check A or B) ent primary residenc	() R'S PARCEL/ID NUMBER	
II. TO B	E COMPLETED BY CLAIMANT, CLAIMANT CLAIMANT Y ADDRESS CERTIFICATION OF 1. The claimant, spouse, or legal guardia	NAME OF SPOUSE OR I E DISABILITY-RELATED REQUIREME an must describe how the replacement bust be completed by a physician or sum AND rjury under the laws of the State of Ca isfy the identified disability-related replacement	EGAL GUARDIAN ASSESSO ENTS (check A or B) ent primary residenc rgeon): lifornia that the prima	r'S PARCEL/ID NUMBER e meets the disability-related	
II. TO B	2. I certify (or declare) under penalty of pe	NAME OF SPOUSE OR I F DISABILITY-RELATED REQUIREME an must describe how the replacement bust be completed by a physician or sum AND rjury under the laws of the State of Ca isfy the identified disability-related report OR	EGAL GUARDIAN ASSESSO ENTS (check A or B) ent primary residenc rgeon): lifornia that the prima equirements describe	r'S PARCEL/ID NUMBER e meets the disability-related ary purpose of the move to the ed in Part I.	
	E COMPLETED BY CLAIMANT, CLAIMANT CLAIMANT YADDRESS CERTIFICATION OF 1. The claimant, spouse, or legal guardia requirements identified in Part I (Part I m 2. I certify (or declare) under penalty of per replacement primary residence is to sati	NAME OF SPOUSE OR I F DISABILITY-RELATED REQUIREME an must describe how the replacement bust be completed by a physician or sum AND rjury under the laws of the State of Ca isfy the identified disability-related report OR	EGAL GUARDIAN ASSESSO ENTS (check A or B) ent primary residenc rgeon): lifornia that the prima equirements describe	r'S PARCEL/ID NUMBER e meets the disability-related ary purpose of the move to the ed in Part I.	
	E COMPLETED BY CLAIMANT, CLAIMANT CLAIMANT YADDRESS CERTIFICATION OF 1. The claimant, spouse, or legal guardia requirements identified in Part I (Part I m 2. I certify (or declare) under penalty of per replacement primary residence is to sati I certify (or declare) under penalty of periju replacement primary residence is to allevia	NAME OF SPOUSE OR I F DISABILITY-RELATED REQUIREME an must describe how the replacement bust be completed by a physician or sum AND rjury under the laws of the State of Ca isfy the identified disability-related report OR	EGAL GUARDIAN ASSESSO ENTS (check A or B) ent primary residenc rgeon): lifornia that the prima equirements describe fornia that the primar e disability.	r'S PARCEL/ID NUMBER e meets the disability-relater ry purpose of the move to the	
	CLAIMANT CLAIMANT, CLAIMANT, CLAIMANT	AND F DISABILITY-RELATED REQUIREME an must describe how the replacement bust be completed by a physician or sur- AND rjury under the laws of the State of Caling isfy the identified disability-related reconstruction OR under the laws of the State of Caling te the financial burdens caused by the	EGAL GUARDIAN ASSESSO ENTS (check A or B) ent primary residence regeon): lifornia that the primate e disability. E	r'S PARCEL/ID NUMBER e meets the disability-related ary purpose of the move to the ed in Part I.	
	CLAIMANT CLAIMANT CLAIMANT CLAIMANT (ADDRESS CERTIFICATION OF 1. The claimant, spouse, or legal guardia requirements identified in Part I (Part I m 2. I certify (or declare) under penalty of per replacement primary residence is to sati I certify (or declare) under penalty of periu replacement primary residence is to allevia Please explain: E OF CLAIMANT, SPOUSE, OR LEGAL GUARDIAN HONE NUMBER)	AND F DISABILITY-RELATED REQUIREME an must describe how the replacement bust be completed by a physician or sur- AND rjury under the laws of the State of Caling isfy the identified disability-related reconstruction OR under the laws of the State of Caling te the financial burdens caused by the	EGAL GUARDIAN ASSESSO ENTS (check A or B) ent primary residence regeon): lifornia that the primate e disability. E	() R'S PARCEL/ID NUMBER e meets the disability-relate any purpose of the move to th ed in Part I. ry purpose of the move to th	