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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)

	s Name:		Date of disability:
Descrip	tion of patient's disability:		
	: (1) the specific reasons why the disability necessita requirements, including any locational requirements, o		
am a li	icensed 🗌 physician 🗌 surgeon. My specialt	y is:	
	CERTI	FICATION OF DISABILITY	
	l certify that in my medical opinion, the above-named p	patient does qualify as a disabled	I person according to the definition above.
	RE OF PHYSICIAN OR SURGEON		DATE
PHYSICIA	N OR SURGEON'S NAME (print or type)		DAYTIME PHONE NUMBER
I. TO E	BE COMPLETED BY CLAIMANT, CLAIMANT'S SPO	USE, OR LEGAL GUARDIAN (p	Jease print)
	CLAIMANT	NAME OF SPOUSE OR LEG	
ROPERT	YADDRESS		ASSESSOR'S PARCEL/ID NUMBER
	CERTIFICATION OF DISABI	LITY-RELATED REQUIREMEN	TS (check A or B)
☐ A:	 The claimant, spouse, or legal guardian must requirements identified in Part I (Part I must be c 		
🗆 В:	 I certify (or declare) under penalty of perjury und replacement primary residence is to satisfy the i I certify (or declare) under penalty of perjury under replacement primary residence is to alleviate the fin 	dentified disability-related req OR	uirements described in Part I.
— В:	replacement primary residence is to satisfy the i	ler the laws of the State of Califo dentified disability-related req OR	uirements described in Part I.
	replacement primary residence is to satisfy the i I certify (or declare) under penalty of perjury under replacement primary residence is to alleviate the fi	ler the laws of the State of Califo dentified disability-related req OR	uirements described in Part I.
	replacement primary residence is to satisfy the i I certify (or declare) under penalty of periury under replacement primary residence is to alleviate the fin Please explain:	ler the laws of the State of Califo dentified disability-related req OR the laws of the State of Califor nancial burdens caused by the o	uirements described in Part I.
	replacement primary residence is to satisfy the i I certify (or declare) under penalty of perjury under replacement primary residence is to alleviate the fin Please explain: RE OF CLAIMANT, SPOUSE, OR LEGAL GUARDIAN PHONE NUMBER)	ler the laws of the State of Califo dentified disability-related req OR the laws of the State of Califor nancial burdens caused by the o	uirements described in Part I. mia that the primary purpose of the move to disability.