CERTIFICATE OF DISABILITY

The claimant listed below has applied to transfer his or her property tax base to a replacement property as provided by section 69.5 of the Revenue and Taxation Code. In order to qualify for this one time tax benefit, a licensed physician or surgeon of appropriate specialty must certify the disability of the claimant, or claimant's spouse, is both severe and permanent. The definition for a severely and permanently disabled person is, "... any person who has a physical disability or impairment, whether from birth or reason of accident or disease, including, but not limited to, any disability or impairment which affects sight, speech, hearing or use of any limbs and which results in a functional limitation as to employment or substantially limits one or more major life activities of that person, and which has been diagnosed as permanently affecting the person's ability to function." (Revenue and Taxation Code section 74.3)

I. TO BE COMPLETED BY A PHYSICIAN (please print)		
Patient's Name:	Date of disability:	
Description of patient's disability:		
Identify: (1) the specific reasons why the disability necessitate including any locational requirements, of a replacement dwellir		g and (2) the disability-related requirements
I am a licensedphysiciansurgeon. My specialt		
	CERTIFICATION	
I certify that in my medical opinion the above named particular signature	atient does qualify as a disabled pers	-
		DATE
PHYSICIAN'S NAME (print or type)		DAYTIME PHONE NUMBER
II. TO BE COMPLETED BY CLAIMANT, CLAIMANT'S SPOL	JSE OR LEGAL GUARDIAN (please	print)
CLAIMANT'S NAME	SPOUSE'S NAME	·
PROPERTY ADDRESS		ASSESSOR'S PARCEL NUMBER
CERTIFICATI	E OF DISABILITY (check A or B)	
A: 1. The claimant or spouse must describe in his or her identified in Part I (<i>Part I must be completed by a</i>	own words how the replacement dwe	lling meets the disability-related requirements
 I certify (or declare) under penalty of perjury under replacement dwelling is to satisfy the identified dist 	sability-related requirements describe	
B: I certify (or declare) under penalty of perjury under replacement dwelling is to alleviate the financial burd		hat the primary purpose of the move to the
SIGNATURE OF CLAIMANT	DAYTIME PHONE NUMBE	R DATE
	()	
SIGNATURE OF SPOUSE	DAYTIME PHONE NUMBE	R DATE
	()	
E-MAIL ADDRESS		



Tara K. Freitas County Assessor/Clerk-Recorder 221 S. Mooney Blvd., Room 102-E Visalia, CA 93291-4593 Ph: (559) 636-5100 Fax: (559) 737-4468

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

