## **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 necess including any locational requirements, of a replacement dv		nd (2) the disability-related requirements,
I am a licensedphysiciansurgeon. My spe		
	CERTIFICATION	
I certify that in my medical opinion the above name PHYSICIAN'S SIGNATURE	ed patient does quality as a disabled person a	DATE
PHYSICIAN'S NAME (print or type)		DAYTIME PHONE NUMBER
II. TO BE COMPLETED BY CLAIMANT, CLAIMANT'S S	POUSE OR LEGAL GUARDIAN (please prir	nt)
CLAIMANT'S NAME	SPOUSE'S NAME	·
PROPERTY ADDRESS		ASSESSOR'S PARCEL NUMBER
CERTIFIC	CATE OF DISABILITY (check A or B)	
A: 1. The claimant or spouse must describe in his or identified in Part I <i>(Part I must be completed a</i> )	her own words how the replacement dwelling	meets the disability-related requirements
<ol> <li>I certify (or declare) under penalty of perjury replacement dwelling is to satisfy the identifie</li> </ol>	d disability-related requirements described in	
B: I certify (or declare) under penalty of perjury un replacement dwelling is to alleviate the financial		the primary purpose of the move to the
SIGNATURE OF CLAIMANT	DAYTIME PHONE NUMBER	DATE
	( )	
SIGNATURE OF SPOUSE	DAYTIME PHONE NUMBER	DATE
E-MAIL ADDRESS		

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County Assessor/Clerk-Recorder

221 S. Mooney Blvd., Room 102-E



