

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

CERTIFICATE OF DISABILITY

The claimant listed below has applied to transfer their 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 prin	nt)		
Patient's Name:	Date of disab	Date of disability:	
Description of patient's disability:			
Identify: (1) the specific reasons why the disability nece including any locational requirements, of a replacement	essitates a move to the replacement dwelling and (2 dwelling:	2) the disability-related requirements,	
I am a licensed physician surgeon. My s	pecialty is:CERTIFICATION		
I certify that in my medical opinion the above na	amed patient does qualify as a disabled person acco	ording to the definition above.	
PHYSICIAN'S SIGNATURE		DATE	
PHYSICIAN'S NAME (print or type)		DAYTIME PHONE NUMBER	
II. TO BE COMPLETED BY CLAIMANT, CLAIMANT'S	S SPOUSE OR LEGAL GUARDIAN (please print)		
CLAIMANT'S NAME	SPOUSE'S NAME		
PROPERTY ADDRESS	AS	SSESSOR'S PARCEL NUMBER	
CERTI	FICATE OF DISABILITY (check A or B)		
A: 1. The claimant or spouse must describe in the identified in Part I (Part I must be complete)	eir own words how the replacement dwelling meets ed by a physician):	the disability-related requirements	
	AND		
	AND Iry under the laws of the State of California that the ified disability-related requirements described in Par		
B: I certify (or declare) under penalty of perjury replacement dwelling is to alleviate the financi	under the laws of the State of California that 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			

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

