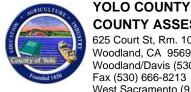
CERTIFICATE OF DISABILITY

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)

Patient's Name:	Date of di	
	Date of disability:	
Description of patient's disability:		
Identify: (1) the specific reasons why the disability necessitates a move to including any locational requirements, of a replacement dwelling:	the replacement dwelling and	d (2) the disability-related requirements
I am a licensedphysiciansurgeon. My specialty is:	ATION	
I certify that in my medical opinion the above named patient does o	qualify as a disabled person a	ccording 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 SPOUSE OR LEG	GAL GUARDIAN (please print	;)
CLAIMANT'S NAME SI	SPOUSE'S NAME	
PROPERTY ADDRESS		ASSESSOR'S PARCEL NUMBER
CERTIFICATE OF DISAB	BILITY (check A or B)	
A: 1. The claimant or spouse must describe in his or her own words hidentified in Part I (<i>Part I must be completed by a physician</i>):	how the replacement dwelling	meets the disability-related requirements
AND 2. I certify (or declare) under penalty of perjury under the laws or replacement dwelling is to satisfy the identified disability-relate OR		
B: I certify (or declare) under penalty of perjury under the laws of replacement dwelling is to alleviate the financial burdens caused		he 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 SUBJE		τιον



COUNTY ASSESSOR 625 Court St, Rm. 104 Woodland, CA 95695 Woodland/Davis (530) 666-8135 Fax (530) 666-8213 West Sacramento (916) 375-6496 assessor@yolocounty.org

