

Stephen S. Duckels Yuba County Assessor

915 8th Street, Suite 101 Marysville, CA 95901-5273 Phone: (530) 749-7820

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)

Patient's Name: Description of patient's disability: Identify: (1) the specific reasons why the disability necessitates a move to the related requirements, including any locational requirements, of a replacement patient of a replacement patient of the related requirements, including any locational requirements, of a replacement patient of a replacement patient of a replacement patient of the relation of the r	he replacement primary resider		
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I am a licensed physician surgeon. My specialty is: CERTIFICATION OF DIS I certify that in my medical opinion, the above-named patient does qualif SIGNATURE OF PHYSICIAN OR SURGEON PHYSICIAN OR SURGEON'S NAME (print or type) II. TO BE COMPLETED BY CLAIMANT, CLAIMANT'S SPOUSE, OR LEGAL		nce, and (2) the disability-	
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PHYSICIAN OR SURGEON'S NAME (print or type) II. TO BE COMPLETED BY CLAIMANT, CLAIMANT'S SPOUSE, OR LEGAL	fy as a disabled person accordir		
II. TO BE COMPLETED BY CLAIMANT, CLAIMANT'S SPOUSE, OR LEGAL		DATE	
	PHYSICIAN OR SURGEON'S NAME (print or type)		
NAME OF CLAIMANT NAME	GUARDIAN (please print)		
	OF SPOUSE OR LEGAL GUARDIAN		
PROPERTY ADDRESS		ASSESSOR'S PARCEL/ID NUMBER	
CERTIFICATION OF DISABILITY-RELATED	REQUIREMENTS (check A or B	3)	
A: 1. The claimant, spouse, or legal guardian must describe how the requirements identified in Part I (Part I must be completed by a phase).		nce meets the disability-related	
AND 2. I certify (or declare) under penalty of perjury under the laws of the replacement primary residence is to satisfy the identified disability.			
B: I certify (or declare) under penalty of perjury under the laws of the replacement primary residence is to alleviate the financial burdens	State of California that the prin		
Please explain:			
SIGNATURE OF CLAIMANT, SPOUSE, OR LEGAL GUARDIAN	PRINTED NAME		
DAYTIME PHONE NUMBER () EMAIL ADDRESS		DATE	

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

