

MERCED COUNTY MATT H. MAY, ASSESSOR 2222 M STREET MERCED, CA 95340 TELEPHONE (209) 385-7631 FAX (209) 725-3956 www.co.merced.ca.us\assessor

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)

Ι.	то	BE	COMPL	ETED.	BY A	PHYSICIAN	(please	print)
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Patient's Name:	Date of disability:					
Description of patient's disability:						
dentify: (1) the specific reasons why the disability necessitates a related requirements, including any locational requirements, of a repla						
am a licensedphysiciansurgeon. My specialty is:						
I certify that in my medical opinion, the above-named patient of signature of Physician or Surgeon	does qualify as a disabled person according to the definition above.					
JIGNATURE OF PHYSICIAN OR SURGEON						
PHYSICIAN OR SURGEON'S NAME (print or type)	DAYTIME PHONE NUMBER					
I. TO BE COMPLETED BY CLAIMANT, CLAIMANT'S SPOUSE, OI						
JAME OF CLAIMANT	NAME OF SPOUSE OR LEGAL GUARDIAN					
PROPERTY ADDRESS	ASSESSOR'S PARCEL/ID NUMBER					
	ELATED REQUIREMENTS (check A or B)					
A: 1. The claimant, spouse, or legal guardian must describ requirements identified in Part I (Part I must be complete	be how the replacement primary residence meets the disability-related by a physician or surgeon):					
	ND laws of the State of California that the primary purpose of the move to ad disability-related requirements described in Part I					
0	R					
3: I certify (or declare) under penalty of perjury under the laws of the State of California that the primary purpose of the move to the replacement primary residence is to alleviate the financial burdens caused by the disability.						
Please explain:						
SIGNATURE OF CLAIMANT, SPOUSE, OR LEGAL GUARDIAN	PRINTED NAME					
DAYTIME PHONE NUMBER	DATE					
() EMAIL ADDRESS						
THIS DOCUMENT IS NOT SU	IBJECT TO PUBLIC INSPECTION					