

LESLIE MORGAN ASSESSOR-RECORDER 1450 Court St., Suite 208A Redding, CA 96001-1667 Tel: (530) 225-3600 Intra_County toll free: 1(800)479-8009

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)

I. TO BE COMPLETED BY A PHYSICIAN (please print)

Patient's Name:	Date of disability:
Description of patient's disability:	
dentify: (1) the specific reasons why the disability necessitates a me elated requirements, including any locational requirements, of a replace	
am a licensed 🔄 phy <mark>sic</mark> ian 🔄 surgeon. My specialty is:	
	ON OF DISABILITY
	loes q <mark>ua</mark> lify as a disab <mark>led person</mark> according to the d <mark>efi</mark> nition above.
IGNATURE OF PHYSICIAN OR SURGEON	DATE
HYSICIAN OR SURGEON'S NAME (print or type)	DAYTIME PHONE NUMBER
I.TO BE COMPLETED BY C <mark>L</mark> AIMANT, <mark>C</mark> LAI <mark>M</mark> ANT'S SPO <mark>U</mark> SE, OR	R LEGAL GUARDIAN (please print)
IAME OF CLAIMANT	NAME OF SPOUSE OR LEGAL GUARDIAN
ROPERTY ADDRESS	ASSESSOR'S PARCEL/ID NUMBER
	ELATED REQUIREMENTS (check A or B)
A: 1. The claimant, spouse, or legal guardian must describe requirements identified in Part I (Part I must be completed	he how the replacement primary residence meets the disability ad by a physician or surgeon):
AN	
I certify (or declare) under penalty of perjury under the la replacement primary residence is to satisfy the identified	aws of the State of California that the primary purpose of the mov ad disability-related requirements described in Part I.
B: I certify (or declare) under penalty of perjury under the law replacement primary residence is to alleviate the financial b	vs of the State of California that the primary purpose of the move burdens caused by the disability.
Please explain:	
IGNATURE OF CLAIMANT, SPOUSE, OR LEGAL GUARDIAN	PRINTED NAME
	DATE
)	
MAIL ADDRESS	