EF-19-DC-R02-0522-57000100-1 BOE-19-DC (P1) REV. 02 (05-22)



YOLO COUNTY COUNTY ASSESSOR

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

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:	Da	Date of disability:	
Description of patient's disability:			
dentify: (1) the specific reasons why the disability necessitates elated requirements, including any locational requirements, of a	s a move to the replacement p replacement primary residence:	rimary residence, and (2) the disability-	
am a licensed physician surgeon. My specialty is	SECATION OF DISABILITY		
I certify that in my medical opinion, the above-named pati	ient does qualify as a disab <mark>led pe</mark>	erson according to the definition above.	
SIGNATURE OF PHYSICIAN OR SURGEON		DATE	
PHYSICIAN OR SURGEON'S NAME (print or type) I. TO BE COMPLETED BY CLAIMANT, CLAIMANT'S SPOUS	F OR LEGAL GUARDIAN (plea	DAYTIME PHONE NUMBER ()	
IAME OF CLAIMANT	NAME OF SPOUSE OR LEGAL		
PROPERTY ADDRESS		ASSESSOR'S PARCEL/ID NUMBER	
CERTIFICATION <mark>OF</mark> DISAB <mark>IL</mark> IT	TY-RELATED REQUIREMENTS	(c <mark>he</mark> ck A or B)	
☐ A: 1. The claimant, spouse, or legal guardian must de requirements identified in Part I (Part I must be com			
I certify (or declare) under penalty of perjury under replacement primary residence is to satisfy the idea	ntified disability-related requir		
B: I certify (or declare) under penalty of perjury under the replacement primary residence is to alleviate the finan	OR ne laws of the State of California ncial burdens caused by the dis	a that the primary purpose of the move to the ability.	
Please explain:			
GIGNATURE OF CLAIMANT, SPOUSE, OR LEGAL GUARDIAN	PRINTED NAME		
DAYTIME PHONE NUMBER		DATE	

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

