## **CERTIFICATE OF DISABILITY**

501 Low Gap Rd., Room 1020 Ukiah, CA 95482 Phone (707) 234-6800 Fax (707) 463-6597

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)

and Taxation Code section 74.3)		
. 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 monocluding any locational requirements, of a replacement dwelling:	ve to the replacement dwelling and	d (2) the disability-related requirement
am a licensed physician surgeon. My specialty is:		
	IFICATION	
I certify that in my medical opinion the above named patient d		ccording to the definition above.
PHYSICIAN'S SIGNATURE		DATE
DINOIOIANO NAME (virtual valua)		DAYTIME PHONE NUMBER
PHYSICIAN'S NAME (print or type)		( )
II. TO BE COMPLETED BY CLAIMANT, CLAIMANT'S SPOUSE OR	R LEGAL GUARDIAN (please print	t)
CLAIMANT'S NAME	SPOUSE'S NAME	
PROPERTY ADDRESS		ASSESSOR'S PARCEL NUMBER
CERTIFICATE OF DI	ISABILITY (check A or B)	
A: 1. The claimant or spouse must describe in his or her own we identified in Part I (Part I must be completed by a physicial)	ords how the replacement dwelling	meets the disability-related requirement
AN  2. I certify (or declare) under penalty of perjury under the la replacement dwelling is to satisfy the identified disability-i	aws of the State of California that	
OI  B: I certify (or declare) under penalty of perjury under the law replacement dwelling is to alleviate the financial burdens cau	R vs of the State of California that to	
SIGNATURE OF CLAIMANT	DAYTIME PHONE NUMBER	DATE
SIGNATURE OF SPOUSE	DAYTIME PHONE NUMBER	DATE
E-MAIL ADDRESS	\ /	