EF-19-DC-R02-0522-13000120-1 BOE-19-DC (P1) REV. 02 (05-22)



Robert Menvielle Imperial County Assessor

940 W. Main Street Suite 115 El Centro, CA 92243 Main Office: (442) 265-1300 Website: assessor.imperialcounty.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)

I. TO BE COMPLETED BY A PHYSICIAN (please print)	o dee of any imper (November and	a raxation code coolien i no,
Patient's Name:	Date of disability:	
Description of patient's disability:		Λ
Identify: (1) the specific reasons why the disability necessitates a move to the related requirements, including any locational requirements, of a replacement process.		ce, and (2) the disability-
I am a licensed physician surgeon. My specialty is:	SABILITY	
I certify that in my medical opinion, the above-named patient does qualify as a disabled person according to the definition above.		
SIGNATURE OF PHYSICIAN OR SURGEON		DATE
PHYSICIAN OR SURGEON'S NAME (print or type)		DAYTIME PHONE NUMBER
II. TO BE COMPLETED BY CLAIMANT, CLAIMANT'S SPOUSE, OR LEGAL NAME OF CLAIMANT NAME OF	GUARDIAN (please print) F SPOUSE OR LEGAL GUARDIAN	
PROPERTY ADDRESS	ASSESS	OR'S PARCEL/ID NUMBER
CERTIFICATION OF DISABILITY-RELATED F	REQUIREMENTS (check A or B)	
A: 1. The claimant, spouse, or legal guardian must describe how the requirements identified in Part I (Part I must be completed by a physical section).	e replacement primary residence	ce meets the disability-related
AND		
 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 satisfy the identified disability-related requirements described in Part I. 		
B: I certify (or declare) under penalty of perjury under the laws of the seplacement primary residence is to alleviate the financial burdens of the seplacement primary residence.	State of California that the prima caused by the disability.	ary purpose of the move to the
Please explain:		
SIGNATURE OF CLAIMANT, SPOUSE, OR LEGAL GUARDIAN	PRINTED NAME	
DAYTIME PHONE NUMBER ()	I	DATE
EMAII ADDRESS		