

Nick Ceaglio Lassen County Assessor 220 S Lassen Street Susanville, CA 96130-4324 Phone: (530) 251-8241 http://www.lassencounty.org/dept/assessor/assesso

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.	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 m elated requirements, including any locational requirements, of a replac		, and (2) the disability-
am a licensed physician surgeon. My specialty is:		
I certify that in my medical opinion, the above-named patient do	N OF DISABILITY	to the definition above
SIGNATURE OF PHYSICIAN OR SURGEON	es quainy as a disap <mark>led person</mark> according	DATE
PHYSICIAN OR SURGEON'S NAME (print or type)		AYTIME PHONE NUMBER
I. TO BE COMPLETED BY <mark>CL</mark> AIMANT, <mark>C</mark> LAI <mark>M</mark> ANT'S SPO <mark>U</mark> SE, OR		
IAME OF CLAIMANT	NAME OF SPOUSE OR LEGAL GUARDIAN	
PROPERTY ADDRESS	ASSESSO	R'S PARCEL/ID NUMBER
	LATED 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		e meets the disability-relat
AN 2. I certify (or declare) under penalty of perjury under the la replacement primary residence is to satisfy the identified	ws of the State of California that the prima	
OR B: I certify (or declare) under penalty of perjury under the laws replacement primary residence is to alleviate the financial b	-	y purpose of the move to t
Please explain:		
SIGNATURE OF CLAIMANT, SPOUSE, OR LEGAL GUARDIAN	PRINTED NAME	
AYTIME PHONE NUMBER		DATE
INAL ADDICOU		
() MAILADDRESS		