

## Vincent P. Kehoe County of Mariposa Assessor/Recorder

P.O. Box 35 Mariposa, CA 95338 Ph: (209) 966-2332 Fax: (209) 966-5719

4982 10th St

## **CERTIFICATE OF DISABILITY**

The claimant listed below has applied to transfer their 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)

Date of disability:
ve to the replacement dwelling and (2) the disability-related requirement
FICATION
oes qualify as a disabled person according to the definition above.
DATE
DAYTIME PHONE NUMBER
L <mark>EGAL GUARDIAN</mark> (please p <mark>rint</mark> )
SPOUSE'S NAME
ASSESSOR'S PARCEL NUMBER
SABILITY (check A or B)
how the replacement dwelling meets the disability-related requirement (an):
ID
aws of the State of California that the primary purpose of the move to related requirements described in Part I.
<b>R</b> vs of the State of California that the primary purpose of the move to used by the disability.
DAYTIME PHONE NUMBER DATE
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DAYTIME PHONE NUMBER DATE
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