

Rolf D. Kleinhans Nevada County Assessor 950 Maidu Avenue P.O. Box 599002 Nevada City, CA 95959-7902 Telephone (530) 265-1232 Fax (530) 265-9858 assessor@nevadacountyca.gov

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)

Patient's Name:	Date of disability:
Description of patient's disability:	
Identify: (1) the specific reasons why the disability necessitates a more related requirements, including any locational requirements, of a replace	
l am a licensedphy <mark>sici</mark> ansurgeon. My specialty is:	
I certify that in my medical opin <mark>io</mark> n, the abo <mark>ve</mark> -named patient doe	
SIGNATURE OF PHYSICIAN OR SURGEON	DATE
PHYSICIAN OR SURGEON'S NAME (print or type)	DAYTIME PHONE NUMBER
II. TO BE COMPLETED BY <mark>CL</mark> AIMANT, <mark>C</mark> LAI <mark>M</mark> ANT'S SPO <mark>U</mark> SE, OR L	
NAME OF CLAIMANT	NAME OF SPOUSE OR LEGAL GUARDIAN
PROPERTY ADDRESS	ASSESSOR'S PARCEL/ID NUMBER
CERTIFICATION OF DISABILITY-REL	ATED 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 I)	how the replacement primary residence meets the disability-relate by a p hysician or surgeon):
AND	
I certify (or declare) under penalty of perjury under the law replacement primary residence is to satisfy the identified	s of the State of California that the primary purpose of the move to th disability-related requirements described in Part I.
OR B: I certify (or declare) under penalty of periury under the laws replacement primary residence is to alleviate the financial bu	of the State of California that the primary purpose of the move to th rdens caused by the disability.
Please explain:	
SIGNATURE OF CLAIMANT, SPOUSE, OR LEGAL GUARDIAN	PRINTED NAME
DAYTIME PHONE NUMBER	DATE
EMAIL ADDRESS	
() EMAIL ADDRESS THIS DOCUMENT IS NOT SUB,	