EF-19-DC-R02-0522-34000093-1 BOE-19-DC (P1) REV. 02 (05-22)



CHRISTINA WYNN SACRAMENTO COUNTY ASSESSOR

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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 N	lame:		Date of disability:		
Description	n of patient's disability:				
) the specific reasons why the disability necessitate uirements, including any locational requirements, of a			ce, and (2) the disability-	
I am a licer		SEATION OF DISABILITY	IF		
I ce	ertify that in m <mark>y medical o</mark> pin <mark>io</mark> n, the abo <mark>ve</mark> -n <mark>am</mark> ed p <mark>at</mark>	ient d <mark>oe</mark> s q <mark>ua</mark> lify as a disal	oled person according	g to the d <mark>ef</mark> inition above.	
SIGNATURE O	OF PHYSICIAN OR SURGEON			DATE	
PHYSICIAN O	OR SURGEON'S NAME (print or type)			DAYTIME PHONE NUMBER	
II. TO BE	COMPLETED BY CLAIMANT, CLAIMANT'S SPOUS	E, OR L <mark>EGAL GUAR</mark> DIAN	(please pri <mark>nt)</mark>		
NAME OF CLA	AIMANT	NAME OF SPOUSE OR	LEGAL GUARDIAN		
PROPERTY AL	DDRESS		ASSESS	OR'S PARCEL/ID NUMBER	
	CERTIFICATION OF DISAB <mark>IL</mark> I	TY-RELATED REQUIREM	ENTS (check A or B)		
A: 1	. The claimant, spouse, or legal guardian must de requirements identified in Part I (Part I must be com			ce meets the disability-related	
	2. I certify (or declare) under penalty of perjury under	AND the laws of the State of C	alifornia that the prim	pary number of the move to the	
_	replacement primary residence is to satisfy the ide				
☐ B: <i>I</i>	certify (or declare) under penalty of perjury under the eplacement primary residence is to alleviate the final	OR e laws of the State of Ca ncial burdens caused by t	lifornia that the prima he disability.	ary purpose of the move to the	
Please explain:					
_					
SIGNATURE O	OF CLAIMANT, SPOUSE, OR LEGAL GUARDIAN	PRINTED NAI	ME		
DAYTIME PHO	DNE NUMBER			DATE	
() EMAIL ADDRE	SS				

