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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 Name: | Dat | e of disability: |
|---|--|--|
| Description of patient's disability: | | |
| | | |
| dentify: (1) the specific reasons why the disability necessitates related requirements, including any locational requirements, of a | | imary residence, and (2) the disability- |
| | | |
| am a licensedphy <mark>sic</mark> iansurgeon. My specialty is | s: | |
| | CATION OF DISABILITY | |
| I certify that in my medical opin <mark>io</mark> n, the abo <mark>ve</mark> -n <mark>am</mark> ed p <mark>ati</mark> | i <mark>ent do</mark> es q <mark>ua</mark> lify as a disab <mark>led pe</mark> | |
| SIGNATURE OF PHYSICIAN OR SURGEON | | DATE |
| PHYSICIAN OR SURGEON'S NAME (print or type) | | DAYTIME PHONE NUMBER |
| I. TO BE COMPLETED BY C <mark>L</mark> AIMANT, <mark>C</mark> LAI <mark>M</mark> ANT'S SPOUSI | E, OR L <mark>EGAL GUAR</mark> DIAN (plea | se pri <mark>nt)</mark> |
| NAME OF CLAIMANT | NAME OF SPOUSE OR LEGAL | GUARDIAN |
| PROPERTY ADDRESS | | ASSESSOR'S PARCEL/ID NUMBER |
| A: 1. The claimant, spouse, or legal guardian must de requirements identified in Part I (Part I must be com | | |
| 2. I certify (or declare) under penalty of perjury under replacement primary residence is to satisfy the idea B: I certify (or declare) under penalty of perjury under the replacement primary residence is to alleviate the finance is the | ntified disability-related require OR | ements described in Part I. |
| | | |
| Please explain: | | |
| Please explain: | | |
| Please explain: | PRINTED NAME | |
| | PRINTED NAME | DATE |
| SIGNATURE OF CLAIMANT, SPOUSE, OR LEGAL GUARDIAN | PRINTED NAME | DATE |