

MARK CHURCH Assessor - County Clerk - Recorder 555 County Center, First Floor Redwood City, CA 94063-1665 Phone: (650) 363-4500 Fax: (650) 599-7435 email: assessor@smcacre.gov web: www.smcacre.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)

Ι.	то	BE COMPL	ETED.	BY A	PHYSICIAN	(please	print)
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Patient's Name:	Date of disability:
Description of patient's disability:	
Identify: (1) the specific reasons why the disability necessitates related requirements, including any locational requirements, of a r	a move to the replacement primary residence, and (2) the disability- replacement primary residence:
I am a licensedphy <mark>sici</mark> ansurgeon. My specialty is	
	ATION OF DISABILITY ent does qualify as a disabled person according to the definition above.
SIGNATURE OF PHYSICIAN OR SURGEON	DATE
PHYSICIAN OR SURGEON'S NAME (print of type)	DAYTIME PHONE NUMBER
I. TO BE COMPLETED BY CLAIMANT, CLAIMANT'S SPOUSE	E, OR LEGAL GUARDIAN (please print)
NAME OF CLAIMANT	NAME OF SPOUSE OR LEGAL GUARDIAN
PROPERTY ADDRESS	ASSESSOR'S PARCEL/ID NUMBER
	Y-RELATED REQUIREMENTS (check A or B)
A: 1. The claimant, spouse, or legal guardian must des requirements identified in Part I (Part I must be comp requirements identified in Part I (Part I must be comp Additional of the comp Additional of t	scribe how the replacement primary residence meets the disability-related pleted by a physician or surgeon):
	AND he laws of the State of California that the primary purpose of the move to the ntified disability-related requirements described in Part I.
B: I certify (or declare) under penalty of perjury under the replacement primary residence is to alleviate the finance	OR a laws of the State of California that the primary purpose of the move to the cial burdens caused by the disability.
Please explain:	
SIGNATURE OF CLAIMANT, SPOUSE, OR LEGAL GUARDIAN	PRINTED NAME
	DATE
() EMAIL ADDRESS	
	SUBJECT TO PUBLIC INSPECTION