

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)

I.	то	BE COMP	LETED	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 a related requirements, including any locational requirements, of a rep	move to the replacement primary residence, and (2) the disability- placement primary residence:
l am a licensedphy <mark>sic</mark> iansurgeon. My specialty is:	
	ION OF DISABILITY
I certity that in my medical opinion, the above-named patient SIGNATURE OF PHYSICIAN OR SURGEON	t d <mark>o</mark> es q <mark>ua</mark> lify as a disab <mark>led person</mark> according to the definition above.
	DALE
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, C	
NAME OF CLAIMANT	NAME OF SPOUSE OR LEGAL GUARDIAN
PROPERTY ADDRESS	ASSESSOR'S PARCEL/ID NUMBER
	RELATED REQUIREMENTS (check A or B)
A: 1. The claimant, spouse, or legal guardian must descr requirements identified in Part I (Part I must be completed)	ibe how the replacement primary residence meets the disability-related ted by a physician or surgeon):
	AND
	laws of the State of California that the primary purpose of the move to the fied disability-related requirements described in Part I.
B: I certify (or declare) under penalty of perjury under the la replacement primary residence is to alleviate the financial	aws of the State of California that the primary purpose of the move to the I burdens caused by the disability.
Please explain:	
SIGNATURE OF CLAIMANT, SPOUSE, OR LEGAL GUARDIAN	PRINTED NAME
DAYTIME PHONE NUMBER	DATE
EMAIL ADDRESS	
	UBJECT TO PUBLIC INSPECTION