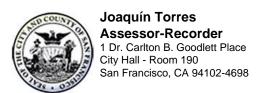
EF-19-DC-R00-0221-38000035-1 BOE-19-DC (P1) REV. 00 (02-21)

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, or claimant's spouse, is severe. The definition of a severely disabled person is any person having a great degree of impairment or who is greatly limited by a physical, mental, cognitive, or developmental condition.



Patient's Name:	me: Date of disability:			
Description of patient's disability:				
Identify: (1) the specific reasons why the disability necessit requirements, including any locational requirements, of a repla		nent primary residence	and (2) the disability-relat	
I am a licensed ☐ physician ☐ surgeon. My special	ty is:			
	FICATION OF DISABILITY			
I certify that in my medical opinion, the above-named	patient does qualify as a disal	bled person according t	to the definition above.	
SIGNATURE OF PHYSICIAN OR SURGEON			DATE	
PHYSICIAN OR SURGEON'S NAME (print or type)			DAYTIME PHONE NUMBER	
I. TO BE COMPLETED BY CLAIMANT, CLAIMANT'S SPO				
NAME OF CLAIMANT	NAME OF SPOUSE OF	R LEGAL GUARDIAN		
PROPERTY ADDRESS		ASSESSOI	ASSESSOR'S PARCEL/ID NUMBER	
CERTIFICATE OF DISABIL	ITY-RELATED REQUIREME	NTS (check A or B)		
A: 1. The claimant, spouse, or legal guardian must requirements identified in Part I (Part I must be constituted).			e meets the disability-relat	
	AND			
I certify (or declare) under penalty of perjury und replacement primary residence is to satisfy the	identified disability-related			
B: I certify (or declare) under penalty of perjury under replacement primary residence is to alleviate the fi			y purpose of the move to t	
Please explain:				
SIGNATURE OF CLAIMANT, SPOUSE, OR LEGAL GUARDIAN	PRINTED NA	ME		