EF-62-A-R04-0810-01001185-1 BOE-62-A REV. 04 (08-10)

CERTIFICATE OF DISABILITY

The claimant listed below has applied to transfer his or her property tax base to a replacement property as provided by section 69.5 of the Revenue and Taxation Code. In order to qualify for this one time tax benefit, a licensed physician or surgeon of appropriate specialty must certify the disability of the claimant, or claimant's spouse, is both severe and permanent. The definition for a severely and permanently disabled person is, ". . . any person who has a physical disability or impairment, whether from birth or reason of accident or disease, including, but not limited to, any disability or impairment which affects sight, speech, hearing or use of any limbs and which results in a functional limitation as to employment or substantially limits one or more major life activities of that person, and which has been diagnosed as permanently affecting the person's ability to function." (Revenue and Taxation Code section 74.3)



COUNTY OF ALAMEDA PHONG LA, ASSESSOR

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person's ability to function." (Revenue and Taxation Code se	ection 74.3)	
I. TO BE COMPLETED BY A PHYSICIAN (please print)		
Patient's Name:	Date of c	disability:
		•
Description of patient's disability:		
Identify: (1) the specific reasons why the disability necessita including any locational requirements, of a replacement dwe		nd (2) the disability-related requirements
I am a licensed physician surgeon. My specie		
	CERTIFICATION	
I certify that in my medical opinion the above named PHYSICIAN'S SIGNATURE	l patient does qualify as a disabled person a	according to the definition above.
PHI GIGINI S SIGNALUNE		DATE
PHYSICIAN'S NAME (print or type)		DAYTIME PHONE NUMBER
II. TO BE COMPLETED BY CLAIMANT, CLAIMANT'S SPO	OUSE OR LEGAL GUARDIAN (please prin	nt)
CLAIMANT'S NAME	SPOUSE'S NAME	
DRODEDTY ADDRESS		A CONTROL DA DOCTA AND A DECEMBER OF THE CONTROL OF
PROPERTY ADDRESS		ASSESSOR'S PARCEL NUMBER
CERTIFICA	ATE OF DISABILITY (check A or B)	
A: 1. The claimant or spouse must describe in his or hidentified in Part I (Part I must be completed by		meets the disability-related requirement
I certify (or declare) under penalty of perjury un replacement dwelling is to satisfy the identified		
B: I certify (or declare) under penalty of perjury und replacement dwelling is to alleviate the financial but	er the laws of the State of California that urdens caused by the disability.	the primary purpose of the move to th
SIGNATURE OF CLAIMANT	DAYTIME PHONE NUMBER	DATE
SIGNATURE OF SPOUSE	() DAYTIME PHONE NUMBER	DATE
SIGNATURE OF SPOUSE	()	DATE
E MAIL ADDRESS	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

