

Deferred Exchange Worksheet

Exchangor/Taxpayer Information:

Name:				
Individual(s)				
Partnership Corporati	ion 🛛 Other			
State of formation	ו:			
Authorized / Cont	act Person:			
Title:				
Mailing Address:				
Phone:	Phone: Email:			
Relinquished Property Info Address or Legal Descript	rmation:			
County:	State:	Expected Close	Date:	
Estimated amounts, if kno	own: Sale Price:			
	Mortgage Payoff:			
Please confirm that the Re vacation home, or second	elinquished Property is NOT I home by the Exchangor:	currently being used □ Confirmed	as a primary residence,	
Replacement Property Info	rmation, if known:			
Address or Legal Descript	ion:			
County:	State:	Expected Close	Date:	
Purchase Price:		Loan Amount:		
Lender:		□ Interest-only □	Amortizing	
Please confirm that the Re home, or second home by	eplacement Property will NO / the Exchangor:	DT be used as a prima nfirmed	ry residence, vacation	



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Relinguished Property Title/Es	crow/Closer:	
Company Name		
Contact Name	File #	
Phone	Email	
Replacement Property Title/Es		
Company Name		
Contact Name	File #	
Phone	Email	
Exchangor's Legal & Tax Advis	or, if any:	
Attorney Firm Name:		
Contact Name:		
Phone:	Email:	
Accountant/CPA Firm Name: _		
Contact Name:		
Phone:	Email:	_
Exchangor's Lender, if any:		
Firm Name:		
Contact Name:		
Phone:	Email:	
Exchangor's Realtor, if any:		
Firm Name:		
Contact Name:		
Phone:	Email:	_