



PHASE ONE 1031 INFORMATION FORM

EXCHANGOR INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

EMAIL ADDRESS: _____ SSN / TAX ID #: _____

BUYER INFORMATION

BUYER: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

RELINQUISHED PROPERTY INFORMATION

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

COUNTY: _____ ESTIMATED SALES PRICE: \$ _____

CLOSING AGENT INFORMATION (TITLE / ESCROW COMPANY, ATTORNEY, OTHER)

COMPANY NAME: _____

CONTACT PERSON: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

ESTIMATED CLOSING DATE: _____

CLOSING AGENT'S FILE NUMBER: _____

