

Reverse Exchange Worksheet

Exchangor/Taxpayer Information:

Name: _____

Individual(s) Trust

Partnership Corporation Other _____

State of formation: _____

Authorized / Contact Person: _____

Title: _____

Mailing Address: _____

Phone: _____ Email: _____

Replacement Property Information:

Address or Legal Description: _____

County: _____ State: _____ Expected Close Date: _____

Estimated amounts, if known:

Expected Purchase Price: _____

New Loan Amount: _____ Interest-only Amortizing

Please confirm that the Replacement Property will NOT be used as a primary residence, vacation home, or second home by the Exchangor: Confirmed

Relinquished Property Information:

Address or Legal Description: _____

County: _____ State: _____ Expected Close Date: _____

Estimated amounts, if known:

Expected Sale Price: _____

Mortgage Payoff: _____

Please confirm that the Relinquished Property is NOT currently being used as a primary residence, vacation home, or second home by the Exchangor: Confirmed

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Replacement Property Title/Escrow/Closer Information:

Company Name: _____

Contact Name: _____ File # _____

Phone: _____ Email: _____

Exchangor's Legal & Tax Advisor, 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 _____

Relinquished Property Title/Escrow/Closer Information, if known:

Company Name _____

Contact Name _____ File # _____

Phone _____ Email _____

Additional Comments, if any:
