

45-DAY IDENTIFICATION FORM
Please mail or fax this form to 303-694-0205

Exchanger: _____

Old Property Address: _____

Sale Price: \$ _____

Closing Date: _____

***PLEASE BE SURE TO PROVIDE AN ACCURATE & SPECIFIC IDENTIFICATION –
FAILURE TO DO SO MAY JEOPARDIZE YOUR EXCHANGE.***

Acquisition Property #1

Street Address _____

City, County and State _____

Legal Description, if applicable _____

(Use this if there is no street address, e.g. bare land)

Estimated Purchase Price _____

_____ Check here if purchasing less than 100% interest. Percentage _____ %

_____ Check here if constructing or improving replacement property. Complete attached schedule.

Acquisition Property #2

Street Address _____

City, County and State _____

Legal Description, if applicable _____

(Use this if there is no street address, e.g. bare land)

Estimated Purchase Price _____

_____ Check here if purchasing less than 100% interest. Percentage _____ %

_____ Check here if constructing or improving replacement property. Complete attached schedule.

Acquisition Property #3

Street Address _____

City, County and State _____

Legal Description, if applicable _____

(Use this if there is no street address, e.g. bare land)

Estimated Purchase Price _____

_____ Check here if purchasing less than 100% interest. Percentage _____ %

_____ Check here if constructing or improving replacement property. Complete attached schedule.

I intend to purchase (check one):

_____ **Only one of these properties,** _____ **More than one,** _____ **All that I've listed**

_____, Exchanger (print name)

Date

Received by Experts this _____ day
of _____, 2____

_____, Exchanger (print name)

Date

