



Please complete and fax to: 843.272.1347

Date: _____

Intermediary Name: _____

Address: _____

City, State, Zip: _____

Intermediary Phone: _____

RE: Exchangor Name: _____

We/I hereby identify the following property(ies) as replacement property for my/our tax deferred exchange:

1. Street Address or Legal Description: _____

Undivided Interest to be acquired (if not 100%): _____

2. Street Address or Legal Description: _____

Undivided Interest to be acquired (if not 100%): _____

3. Street Address or Legal Description: _____

Undivided Interest to be acquired (if not 100%): _____

Very Truly Yours,

(Exchangor Signature)

Exchangor Address: _____

Exchangor City, State, Zip: _____

Exchangor Telephone: _____