

1031Vest 45-Day Property Identification Form PART A



Exchangor(s): _____ / _____

Relinquished Property Sales Price: \$ _____ 45-Day Deadline: _____ 1031Vest Exchange #: _____

Replacement Property #1

Street Address: _____

City: _____ State: _____ Zip: _____

Property Type: _____ Estimated Purchase Price: \$ _____ % acquired if <100%: _____

Replacement Property #2

Street Address: _____

City: _____ State: _____ Zip: _____

Property Type: _____ Estimated Purchase Price: \$ _____ % acquired if <100%: _____

Replacement Property #3

Street Address: _____

City: _____ State: _____ Zip: _____

Property Type: _____ Estimated Purchase Price: \$ _____ % acquired if <100%: _____

Note: If your Exchange is a construction, improvement or non-standard Exchange, please contact us as additional information may be required.

There are 3 options for identifying property – you may check ONLY ONE of the options, or your ID will not be valid! If you are exercising Option II or III please use the 45-Day Identification Form Part B to add more properties to your list.

- Option I:** You may identify up to 3 qualifying properties of any value and purchase one, two or three of the properties.
- Option II:** You may identify as many properties as you like and you must list the fair market value (FMV) of each property on the list. The sum of the FMV of all the properties must not exceed 200% of the value of the Relinquished Property. You may purchase any number of properties from the list.
- Option III:** You may identify as many properties as you like and you must list the FMV of each property on the list. You must purchase at least 95% of the aggregate value of all the properties you have identified.

THIS FORM MUST BE SIGNED BY ALL EXCHANGORS.

Dated: _____ Dated: _____

Signature: _____ Signature: _____

Exchangor Name: _____ Exchangor Name: _____

Social Security / Tax ID# : _____ Social Security / Tax ID# : _____

FOR 1031VEST USE ONLY:

Received by _____, this ___ day of _____, 201__

PLEASE DELIVER THIS FORM BY FAX (212-710-9445), EMAIL OR OVERNIGHT MAIL TO THE NYC ADDRESS BELOW.

1031Vest 45-Day Property Identification Form PART B



Complete This Page Only if Selecting Option II or III on the Previous Page

Exchangor(s): _____ / _____

Relinquished Property Sales Price: \$ _____ 45-Day Deadline: _____ 1031Vest Exchange #: _____

Replacement Property #4

Street Address: _____

City: _____ State: _____ Zip: _____

Property Type: _____ Estimated Purchase Price: \$ _____ % acquired if <100%: _____

Replacement Property #5

Street Address: _____

City: _____ State: _____ Zip: _____

Property Type: _____ Estimated Purchase Price: \$ _____ % acquired if <100%: _____

Replacement Property #6

Street Address: _____

City: _____ State: _____ Zip: _____

Property Type: _____ Estimated Purchase Price: \$ _____ % acquired if <100%: _____

Replacement Property #7

Street Address: _____

City: _____ State: _____ Zip: _____

Property Type: _____ Estimated Purchase Price: \$ _____ % acquired if <100%: _____

Replacement Property #8

Street Address: _____

City: _____ State: _____ Zip: _____

Property Type: _____ Estimated Purchase Price: \$ _____ % acquired if <100%: _____

Note: If your Exchange is a construction, improvement or non-standard Exchange, please contact us as additional information may be required.

THIS FORM MUST BE SIGNED BY ALL EXCHANGORS.

Dated: _____

Dated: _____

Signature: _____

Signature: _____

Exchangor Name: _____

Exchangor Name: _____

FOR 1031VEST USE ONLY:

Received by _____, this ___ day of _____, 201__

PLEASE DELIVER THIS FORM BY FAX (212-710-9445), EMAIL OR OVERNIGHT MAIL TO THE NYC ADDRESS BELOW.

1031Vest Revocation / Addition of Property Identification Form



Exchangor(s): _____ / _____

Relinquished Property Sales Price: \$ _____ 45-Day Deadline: _____ 1031Vest Exchange #: _____

(Check one)
 Remove Property Below From My "45-Day ID Form" **Add Property Below To My "45-Day ID Form"**

Street Address: _____

City: _____ State: _____ Zip: _____

Property Type: _____ Estimated Purchase Price: \$ _____ % acquired if <100%: _____

(Check one)
 Remove Property Below From My "45-Day ID Form" **Add Property Below To My "45-Day ID Form"**

Street Address: _____

City: _____ State: _____ Zip: _____

Property Type: _____ Estimated Purchase Price: \$ _____ % acquired if <100%: _____

(Check one)
 Remove Property Below From My "45-Day ID Form" **Add Property Below To My "45-Day ID Form"**

Street Address: _____

City: _____ State: _____ Zip: _____

Property Type: _____ Estimated Purchase Price: \$ _____ % acquired if <100%: _____

Note: If your Exchange is a construction, improvement or non-standard Exchange, please contact us as additional information may be required.

By signing below, I (we) authorize 1031Vest, LLC, to remove the noted properties from our identification list and / or add the noted properties to our list. I (we) understand the regulations regarding identifying more than three (3) properties have elected to: (check one)

Identify 3 or fewer properties Identify more than 3 properties

THIS FORM MUST BE SIGNED BY ALL EXCHANGORS.

Dated: _____

Dated: _____

Signature: _____

Signature: _____

Exchangor Name: _____

Exchangor Name: _____

Social Security / Tax ID# : _____

Social Security / Tax ID# : _____

FOR 1031VEST USE ONLY:

Received by _____, this ___ day of _____, 201__

PLEASE DELIVER THIS FORM BY FAX (212-710-9445), EMAIL OR OVERNIGHT MAIL TO THE NYC ADDRESS BELOW.