

# San Francisco Bay Exchange Services

*"In Every State"*

## EXCHANGE INFORMATION SHEET

PLEASE: Using a ball point pen, print clearly and completely, and fax to (415) 332-5811  
Send the blank copy when you are in escrow on the replacement property with Part 3 completed.

1. Exchanger's Name(s) \_\_\_\_\_  
(Individuals, trust, LLC, etc. \_\_\_\_\_  
[Exactly as shown on vesting page of Preliminary Title Report]

Home Address: \_\_\_\_\_

Phone: home/office \_\_\_\_\_

Soc. Sec. No.(s): \_\_\_\_\_

2. Address of property(ies) to be sold: [Use separate sheet for each property if more than one]

a. \_\_\_\_\_

b. \_\_\_\_\_

Buyer: \_\_\_\_\_

Title (Escrow) Officer: \_\_\_\_\_

Title Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Escrow No. \_\_\_\_\_ Escrow Close Date: \_\_\_\_\_

3. Address of property(ies) to be acquired: [Use separate sheet for each property if more than one]

To be identified later: [ ]

a. \_\_\_\_\_

b. \_\_\_\_\_

Seller: \_\_\_\_\_

Title (Escrow) Officer: \_\_\_\_\_

Title Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Escrow No. \_\_\_\_\_ Escrow Close Date: \_\_\_\_\_

Title to be taken in name of \_\_\_\_\_ if not as shown on line 1.

By completing and returning this Exchange Information Sheet you hereby agree to pay in full a consulting fee of  
\$ \_\_\_\_\_ on or before the first closing in the transaction but in no event later than sixty (60)  
days hereafter.

It is understood and agreed that the fee is nonrefundable in whole or in part and is payable whether or not any closing  
occurs or exchanger decides not to complete the transaction.

Dated \_\_\_\_\_