

§1031 EXCHANGE SERVICE ORDER FORM

DATE: _____ ESTIMATED CLOSE OF ESCROW: _____

GES CONTACT: Erin/Lowela Max/Stephanie Justin *(check only if applicable)*

EXCHANGER'S NAME: _____

ADDRESS: _____

PHONE: (Home) _____ (Work) _____

EMAIL: _____

SALE PROPERTY ADDRESS: _____

***PLEASE FORWARD PRELIMINARY TITLE REPORT WITH THIS FORM *(if applicable)*.**

ESCROW/TITLE OFFICER NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

ESCROW/FILE NUMBER: _____

EMAIL: _____

REAL ESTATE SALES AGENT'S NAME: _____

COMPANY: _____

ADDRESS: _____

PHONE: _____ FAX: _____

EMAIL: _____



Please fax or mail this form to:
Express Processing: fax (916) 367-6626
1400 Rocky Ridge Dr., Suite 280
Roseville, CA 95661

For questions about this form please call:
(877) 937-1031 • (916) 367-6620 • www.ges1031.com