



QUILT PRE-APPRAISAL FORM (NEW)

Appraisals are made for insurance replacement value, unless otherwise specified.

Name: _____

Address: _____

City, State, Zip _____

Phone: (____) _____ E-mail: _____

Date quilt made _____ Title of quilt _____

Pattern name (if known) _____

Quilt made by _____

Original design _____ Class/workshop project _____ Purchased pattern _____

Quilting completed by _____

Size _____ Fabric content _____

Batting (include type and brand, if known) _____

Construction techniques (check all that apply): Hand appliquéd Machine appliquéd

Hand pieced Machine pieced Hand quilted Machine quilted

Hand embroidered Machine embroidered

Cost of professional machine quilting (if applicable) _____

Special techniques, embellishments or threads used _____

Has this quilt won awards, been published or been exhibited elsewhere? _____

Has the quiltmaker won local, regional or national awards? _____

Has the quiltmaker been published or exhibited? _____

Do you have a record of sales of similar quilts? _____

If yes, what was the purchase price? _____

Is there anything else you would like me to know about your quilt? _____

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