



# QUILT PRE-APPRAISAL FORM (OLD)

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

Name: \_\_\_\_\_

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

City, State, Zip \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ E-mail: \_\_\_\_\_

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What type of appraisal do you wish? (Circle one)    Insurance    Fair Market Value    Donation

Date quilt made (if known) \_\_\_\_\_ Title of quilt \_\_\_\_\_

Size \_\_\_\_\_ Pattern name (if known) \_\_\_\_\_

Quilt made by, City/State of residence (if known) \_\_\_\_\_

Quilted by, City/State of residence (if known) \_\_\_\_\_

Is quilter related to quiltmaker? Explain. \_\_\_\_\_

Batting (include type and brand, if known) \_\_\_\_\_

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? \_\_\_\_\_

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

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