



QUILT PRE-APPRAISAL FORM (OLD)

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

Name: _____

Address: _____

City, State, Zip _____

Phone: () _____ E-mail: _____

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? _____

Nancy Kunst Smith 3725 Simonis St. Stevens Point, WI 54481 (715) 340-1029

nancykunstsmith@charter.net

www.nancykunstsmith.com