GOOD
LAW FIRM

R. DOUGLAS GOOD, ATTORNEY AT LAW
DOUG@GOODLAWFIRM.NET

KIMBERLY J. ANDERSON, ESTATES PARALEGAL
KIM@GOODLAWFIRM.NET

June 26, 2025

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
9589 0710 5270 0992 4112 63

ComputerShare
PO Box 43078
Providence, RI 02940-3078

Re:	Estate of Emma L. Good, Deceased
Date of death:	May 29, 2025
Stock company:	Truist Financial Corporation
Account number:	C0001856456

Dear Sir/ Madam:

Our office represents the estate of Emma L. Good, Deceased. Enclosed please find the following as it relates to the above-referenced estate and stock:

1. Stock Transfer Request Form, signed by the Executrixes of the Estate, Sandra F. Merklinger & Linda L. Metzger.
2. Copy of the short certificate appointing Sandra & Linda as Executrixes.
3. Copy of the death certificate for Emma L. Good.
4. EIN letter for the Estate
5. Copy of the Authorization for Release of Information, giving me permission to speak on behalf of the Estate.

Please transfer and sell all shares held by the decedent and mail a check either to our office or to the address of the executrix:

Sandra F. Merklinger
154 Heatherwood Dr.
Ephrata, PA 17522

If you have any questions, please do not hesitate to contact me.

Very truly yours,

Kimberly J. Anderson

Kimberly J. Anderson, Legal Assistant

Enclosures

Computershare

Computershare
P.O. Box 43078
Providence, RI 02940-3078

C0001856456 ETRD1 BBT

Transfer Request

No# of Accounts: 1

Current Account Information

Company Name	TRUIST FINANCIAL CORPORATION	Holding	COMMON STOCK		
Holder Name	EMMA L GOOD	Account Number	C0001856456		
Address	1166 FARM CREST DR EPHRATA PA 17522	Reason For Transfer	DeceasedHolder	Type of Transfer	AllAssets

Shares to Transfer - Reflects whole shares only

Book	3359	
Plan	0	
Certificate(s)	0	Note: If applicable, you must send in original certificate(s) with enough shares to satisfy the transfer amount. See the Transfer Guide for more info.
Total	3359	

Current Account Holder Signature(s)

> REQUIRED MEDALLION GUARANTEE STAMP
(Notary Seal is Not Acceptable)
Affix the medallion stamp below. If your total account value is under $10,000, and you live in the United States, you may be eligible to purchase our non-refundable Waived Medallion Option. Enclose a check payable to Computershare, Inc. for $50 and use this box to record the check number you will be enclosing in payment of the Medallion Waiver option, along with a copy of a government issued photo ID if electing the option not to provide a Medallion Signature Guarantee stamp.

The undersigned does (do) hereby irrevocably constitute and appoint Computershare as attorney to transfer the said stock, as the case may be, on the books of said Company, with full power of substitution in the premises.

The signature(s) below on this Transfer Request form must correspond exactly with the name(s) as shown upon the face of the stock certificate or a Computershare-issued statement for book-entry shares, without alteration or enlargement or any change whatsoever. The below must be signed by all current registered holders, or a legally authorized representative with the authority to act in the capacity next to the signature.

STAMP VERIFIED 2000PLUS

Note: Signature(s) must be stamped with a Medallion Signature Guarantee by a qualified financial institution, such as a commercial bank, savings bank, savings and loan, US stockbroker and security dealer, or credit union that is participating in an approved Medallion Signature Guarantee program.
(A NOTARY SEAL IS NOT ACCEPTABLE)

SIGNATURE GUARANTEED
MEDALLION GUARANTEED
THE EPHRATA NATIONAL BANK
Tracy L Riddy
AUTHORIZED SIGNATURE
(022)
C0127225
SECURITIES TRANSFER AGENTS MEDALLION PROGRAM™

SIGNATURE OF ALL CURRENT HOLDERS OR LEGAL REPRESENTATIVES	DATE (mm/dd/yyyy)
X Sandra Y. Eberlinger	X 6-26-2025
X Linda L Metzger	X 6-26-2025
X	

Computershare

Computershare
P.O. Box 43078
Providence, RI 02940-3078

New Holder/Recipient Information

ACCOUNT 1					
Account Type	Estate	Shares to Transfer	3359		
	Executor				
First Name	SANDRA	Middle Initial	F.		
Last Name	MERKLINGER				
	Co Executor				
First Name	LINDA	Middle Initial	L.		
Last Name	METZGER				
Estate Name	EMMA L. GOOD				
Estate Tax ID	39-6912385				
Street Address	154 HEATHERWOOD DRIVE				
City	EPHRATA	State	PA	Zip	17522

Form W-9 (For use in certifying the Taxpayer Identification Number provided above)

***Form W-9: This section must be signed by the NEW HOLDER/RECIPIENT, as shown above, whose SSN/EIN is entered above.**
Certification: Under penalty of perjury, I certify that (1) the number shown on this form is my correct Taxpayer identification number, and (2) I am not subject to backup withholding because (a) I am exempt from backup withholding or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a US citizen or other US person, and (4) I am exempt from FATCA reporting.

Certification Instructions: You must cross out item (2) in the above paragraph if you have been notified by IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

Important Cost Basis and Share Lot Information: All transfers submitted online or via the Transfer Wizard forms will be processed as GIFT transfers. For transfers submitted in the mail, all transfers will be treated as Gifts, unless decedent transfer is selected as the reason for transfer in which case the transfer will be treated as an inheritance. We recommend you consult with your tax adviser regarding the tax implications

Signature of Holder	DATE (mm/dd/yyyy)
X Sandra F Merklinger	X 6-26-2025
X Linda L Metzger	X 6-26-2025

Computershare

Computershare
P.O. Box 43078
Providence, RI 02940-3078

apply. Certificate requests that accompany this transfer request will not be fulfilled if the book entry option exists.

Once an account is created and shares are transferred, the new holder can visit www.computershare.com/investor to manage their account. For example, the new holder will be able to certify their taxpayer identification number, change the mailing address and view account information.

AFFIDAVIT OF RESIDENCE

To be completed for decedent transfers only.

Account Name: Emma L. Good Account Number: C0001856456

Name of Stock: Truist Financial Corporation

Deceased Holder's Taxpayer Identification or Social Security Number 197-20-4037

The undersigned, Sandra F. Merklinger and Linda L. Metzger

residing at 154 Heatherwood Drive & 228 Heatherwood Drive, Ephrata, PA 17522

being duly sworn, deposes and says that he/she is co-executrixes

Describe your status, i.e. Executor, Administrator, Survivor in Joint Tenancy, etc.

(if a corporate fiduciary show title of affiant and name of corporation)

of (the estate of) Emma L. Good

who died on May 29, 2025

that at the time of death the domicile (legal residence) of said decedent was at

1166 Farmcrest Drive, Ephrata, PA 17522

and that (s)he resided in the State of Pennsylvania

for 98 years prior to death and was not a resident of any (other) state whithin the United States of America at time of death.

Signature: X Sandra F Merklinger EXE X Linda L Metzger, EXE

Sworn to before me, a notary public, this

26th day of June 2025

Signature: Tracy Lynn Nissly

(official administering oath)

Title: Notary Public

My commission expires 07/11/2026

AFFIX SEAL

Commonwealth of Pennsylvania - Notary Seal
Tracy Lynn Nissly, Notary Public
Lancaster County
My commission expires July 11, 2026
Commission number 1191169
Member, Pennsylvania Association of Notaries

00TH4A

EQSAFF 12-04-07

Sandra F. Merklinger
154 Heatherwood Dr.
Ephrata, PA 17522
717-799-4146
teddymay@ptd.net

June 26, 2025

ComputerShare Investor Services
150 Royall Street, Suite 101
Canton, MA 02021

Re: Estate of Emma L. Good, Deceased
SSN: xx-xxx-4037
Date of Death: 05/29/2025
Truist Financial Corporation – dec'd holder account number: C0001856456

Ladies and Gentlemen:

Please be advised that we are the Executrixes in the Estate of Emma L. Good, Deceased. Ms. Good passed away on May 29, 2025.

Please liquidate the account, sell all stock (3,359 shares) and mail a check payable to the Estate of Emma L. Good and mail to me, the Executrix (address listed above) or to the Attorney of Record's office (on file):

Good Law Firm
132 W. Main Street
New Holland, PA 17557

If you have any questions, please do not hesitate to contact me directly at 717-799-4146 (Sandra) or 717-733-4380 (Linda).

Very truly yours,

Sandra F Merklinger EXE
Sandra F. Merklinger
Executrix

Linda L Metzger, EXE
Linda L. Metzger
Executrix

Enclosures

TRUIST

Computershare

Computershare
PO Box 43078
Providence, RI 02940-3078
Within USA, US territories & Canada 800-213-4314
Outside USA, US territories & Canada 781-575-3100
www.computershare.com/investor

015089

EMMA L GOOD
1166 FARM CREST DR
EPHRATA PA 17522

Holder Account Number
C0001856456 I ND

Record Date 09 May 2025
Check Number 0003615401
SSN/TIN Certified Yes

001CS0005.Dom_PG1.BBT.134908_225189/015089/015089/i

TRUIST FINANCIAL CORPORATION - Dividend Payment

Please remember to cash your dividend checks promptly to avoid the risk of your property being turned over to your state of residence as abandoned property! For an easier way to receive your dividend, sign up for Direct Deposit of Dividends. It's quick, easy, and secure! See reverse side for details.

Dividend Confirmation

Payment Date	Class Description	Participating Shares/Units	Dividend Rate	Gross Dividend ($)	Deduction Amount ($)	Deduction Type	Net Dividend ($)
02 Jun 2025	COMMON	3,359	$0.52000	1,746.68	0.00	N/A	1,746.68
	Year-To-Date Paid			3,493.36	0.00		3,493.36

1 U D C

B B T

001CD70003 / R 00HXDA-PP

SCANNED

RECEIVED JUN 17 2025

File Number: 36-2025-01530

SHORT CERTIFICATE

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF LANCASTER

I, Anne L. Cooper, Register of Wills in the County of Lancaster, in the Commonwealth of Pennsylvania, DO HEREBY CERTIFY that on the 11th day of June, 2025, Letters Testamentary on the Estate of EMMA L GOOD , deceased, were granted to SANDRA F MERKLINGER and LINDA L METZGER having first been qualified well and truly to administer the same. And I further certify that no revocation of said Letters appears of record in my office.

Date of Death: 5/29/2025

Social Security Number: 197-20-4037

Given under my hand and seal of office this 12th day of June, 2025

Anne L. Cooper

Anne L. Cooper
Lancaster County Register of Wills

NOT VALID WITHOUT IMPRESSED SEAL

LOCAL REGISTRAR'S CERTIFICATION OF DEATH

WARNING: It is illegal to duplicate this copy by photostat or photograph.

Certification of Death

Disposition Permit Number: E058351

State File Number: 358397-2025

Decedent's Legal Name: Emma L. Good

Date of Death: May 29, 2025

Alias: Not Applicable

Social Security Number: 197-20-4037

Sex: Female

Age: 98 Years

Date of Birth: March 22, 1927

Birthplace: Denver, Pennsylvania

Ever in US Armed Forces: No

Marital Status at Time of Death: Widowed

Residence Address: 1166 Farm Crest Dr
Ephrata, Pennsylvania 17522-8644

Residence County: Lancaster

Surviving Spouse's Name: Not Applicable

Parent's Name: Walter S. Shupp

Parent's Name: Ada H. Trostle

Informant's Name: Linda L. Metzger

Informant's Relationship to Decedent: Daughter

Place of Death:
Nursing Home
Fairmount Homes

City or Town, State, and Zip Code: Ephrata, PA 17522-8558

County of Death: Lancaster

Method of Disposition: Burial

Place of Disposition: Center Union Cemetery

Location of Disposition: East Earl, Pennsylvania 17519

Date of Disposition: June 07, 2025

Time of Death: 2:45 AM

Name and Address of Funeral Facility: C Stanley Eckenroth Home For Funerals
209 E Main St Terre Hill, Pennsylvania 17581-9641

Funeral Director: *Michaeline K Rogers (Electronically Signed)*

PART I. Cause of Death:

		Approximate Interval: Onset to Death
Immediate Cause →	a. acute respiratory failure	2 weeks
	b. acute congestive heart failure	2 weeks
	c. <<<>>>	<<<>>>
	d. <<<>>>	<<<>>>

PART II. Other Significant Conditions Contributing to Death:
atrial fibrillation

Was an Autopsy Performed? No

Were Autopsy Findings Available to Complete Cause of Death? Not Applicable

Date of Injury: Not Applicable

Time of Injury: Not Applicable

Place of Injury: Not Applicable

Injury at Work: Not Applicable

Location of Injury: Not Applicable

Describe How Injury Occurred: Not Applicable

If Transportation Injury, Specify: Not Applicable

Did Tobacco Use Contribute to Death? Unknown

Pregnant at Time of Death: Not pregnant within one year of death

Manner of Death: Natural

Hispanic Origin: No, not Spanish/Hispanic/Latino

Education: 8th grade or less; none

Decedent's Race: White

Usual Occupation: Homemaker

Kind of Business/Industry: Own Home

Certifier's Name & Title: *Karina Dassinger CRNP (Electronically Signed)*
Address: 333 Wheat Ridge Dr, Ephrata, PA 17522-8558
Date Certified: May 30, 2025

Registrar's Name/District Number: *Dorothy Brantley (Electronically Signed)* 36-346

Date Filed: May 30, 2025

This is to certify that this is a true copy of the record which is on file in the Pennsylvania Department of Health, in accordance with the Vital Statistics Law of 1953, as amended.

Lisa A. Hasselbrook
Lisa A. Hasselbrook
State Registrar

Dorothy L Brantley
Local Registrar

MAY 3 1 2025
Date Issued

COMMONWEALTH OF PENNSYLVANIA ★ DEPARTMENT OF HEALTH ★

H105.805.1 REV (8/20)

WARNING: THIS DOCUMENT IS PRINTED ON SECURITY WATERMARKED PAPER DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK.

L 921577258

Not Original

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 06-16-2025

Employer Identification Number:
39-6912385

Form: SS-4

Number of this notice: CP 575 B

EMMA L GOOD ESTATE
SANDRA F MERKLINGER EX
154 HEATHERWOOD DR
EPHRATA, PA 17522

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 39-6912385. This EIN will identify your estate or trust. If you are not the applicant, please contact the individual who is handling the estate or trust for you. Please keep this notice in your permanent records.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did **not** apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

Based on the information received from you or your representative, you must file the following forms by the dates shown.

Form 1041	08/15/2026

If you have questions about the forms or the due dates shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification (corporation, partnership, estate, trust, EPMF, etc.) based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2020-1, 2020-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

(IRS USE ONLY) 575B 06-16-2025 GOOD B 9999999999 SS-4

IMPORTANT REMINDERS:

* Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.

* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.

* Refer to this EIN on your tax-related correspondence and documents.

* Provide future officers of your organization with a copy of this notice.

Your name control associated with this EIN is GOOD. You will need to provide this information along with your EIN, if you file your returns electronically.

Safeguard your EIN by referring to Publication 4557, Safeguarding Taxpayer Data: A Guide for Your Business.

You can get any of the forms or publications mentioned in this letter by visiting our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions about your EIN, you can contact us at the phone number or address listed at the top of this notice. If you write, please tear off the stub at the bottom of this notice and include it with your letter.

Thank you for your cooperation.

Keep this part for your records. CP 575 B (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 B

9999999999

Your Telephone Number
( ) -

Best Time to Call

DATE OF THIS NOTICE: 06-16-2025
EMPLOYER IDENTIFICATION NUMBER: 39-6912385
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

EMMA L GOOD ESTATE
SANDRA F MERKLINGER EX
154 HEATHERWOOD DR
EPHRATA, PA 17522

AUTHORIZATION FOR RELEASE OF INFORMATION

I/We, Sandra F. Merklinger and Linda L. Metzger, executors of the estate of Emma L. Good, Deceased, hereby give my permission, and this is your authority to permit R. Douglas Good, Esquire, or any member or representative of The Good Law Firm, including but not limited to Kimberly J. Anderson, Stefanie A. Bennett and Karina R. Fenstermacher, to examine, make or be furnished, copies of any records or information concerning all accounts held in the name Emma L. Good, whether individually or in joint names. I agree that a photostatic copy of this authorization shall be considered as effective and valid as the original. This Authorization shall be effective until further notice.

ESTATE OF EMMA L. GOOD,
DECEASED

Dated: 6-10-2025

By: Sandra F Merklinger
Sandra F. Merklinger, Executor

Dated: 6/10/25

By: Linda L Metzger
Linda L. Metzger, Executor

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF LANCASTER

Sworn to and subscribed before me this
10 day of June, 2025

Kimberly J Anderson
Notary Public

Commonwealth of Pennsylvania - Notary Seal
Kimberly J. Anderson, Notary Public
Lancaster County
My commission expires December 10, 2026
Commission number 1343591
Member, Pennsylvania Association of Notaries