**JO ANNA CANZONERI MCCORMICK**CELL 718 640 0200

**EMAIL  JOANMCCORMICK@OUTLOOK.COM**

**MARCH 07, 2015**

**TRIBUNE COMPANY  
  
  
RE:  NOTICE OF CLAIM OF FULL OWNERSHIP (OWNER AND HEIR)  
  
THIS LETTER IS TO ADVISE AND INFORM YOU OF MY NOTICE OF CLAIM AND CLAIM FOR**

**AFFIRMATION**

**ENCLOSED AND ATTACHED IS THE NOTICE OF CLAIM AND CLAIM FOR**

**AFFIRMATION  
  
PLEASE CONTACT ME AS SOON AS POSSIBLE AT 718 640 0200  
  
SINCERELY  
  
  
JO ANNA CANZONERI MCCORMICK**

**NOTICE OF CLAIM (CLAIM OF OWNERSHIP) AND CLAIM**

**FOR AFFIRMATION  
  
NAME OF CLAIMANT     JO ANNA CANZONERI MCCORMICK  
                                        JOHN DOES 1-1000  
                                        JANE DOES 1-1000  
  
MAILING ADDRESS   342 NORTH ATLANTIC BOULEVARD  
                                   ALHAMBRA CALIFORNIA 91801  
  
  
LIEN NAMES**

**TRIBUNE COMPANY**

**JOHN DOES 1-1000  
                          JANE DOES 1-1000  
                            
  
  
     NOTICE OF CLAIM INFORMATION  
  
  
DATE OF INCIDENT:  UNKNOWN DATE  
  
TIME OF INCIDENT    UNKNOWN DATE  
  
LOCATION OF PROPERTIES   UNITED STATES OF AMERICA AND OTHER COUNTRYS  
  
DESCRIBTION OF REAL ESTATE PROPERTIES (MAILING ADDRESSES) AND PERSONAL   
PROPERTY:  UNITED STATES OF AMERICA AND OTHER COUNTRYS  
 HEIR OWNER BENEFENICARY  
REAL ESTATES PROPERTY (LAND) AND PERSONAL PROPERTY OR ITS ADDRESSES IS COMMONLY KNOWN**

**CLAIMANTS PERSONALLY AM CLAIMING FULL OWNERSHIP (OEWNER AND HEIR) OF THE ABOVE**

**MENTIONED ESTATES ON THE PERSONAL PROPERTY AND REAL ESTATE PROPERTY**

**CLAIMANTS PERSONALLY ARE CLAIMING ROBBERY EMBEZZMENT THEFT**

**GRAND LACARY AND FRAUD**

**CLAIMANTS HAVE MADE DEMAND FOR PAYMENT OF THIS LIABILITY, BIT IT REMAINS UNPAID THEREFORE CLAIMANTS HAVE CLAIMING OWNERSHIP OWNER HEIR AND BENEFICIARY TO ALL PERSONAL PROPERTIES AND REAL ESTATE PROPERTY SUCH AS BANK ACCOUNTS PROPERTY OIL STOCK MUTUAL BONDS SECURITIES BONDS SAVING ACCOUNTS CHECKING ACCOUNTS CD ATM CARDS PATENTS COPYRIGHTS TRADEMARKS AND ANY AND ALL OTHER ITEMS THAT BELONG TO THE ESTATES  
  
I PERSONALLY AM CLAIMING A LIEN IN FACOR ON ALL PROPERTIES PERSONAL PROPERTIES AND REAL ESTATE PROPERTIES ON ANY AND ALL OF THE PROPERTIES IN THE UNITED STATES OF AMERICA AND OTHER COUNTRYS  
  
DESCRIBE THE INDEBTEDMESS OBLIGATIONS INJURY DAMAGE OR LOSS INCURRERED AS A RESULT OF THE INCIDENT  OWNERSHIP OWNER HEIR AND BENEFICIARY TO ANY AND ALL OF THE ESTATES LISTED ABOVE  
  
STATE THE CIRCUMSTANCES THAT GAVE RISE TO THIS CLAIM (STATE THE FACTS THAT SUPPORT YOUR CLAIM AND WHY YOU BELIEVE THE COURT OR ANOTHER JUDICIAL BRANCH ENTITY IS REPONSIBLE FOR THE ALLEGED DAMAGES MONETARY LOSES AND INJURIES  
  
IF KNOWN PROVIDE THE NAME OF THE OFFICIAL OR EMPLOYEE WHO ALLEGEDLY CAUSED THE IMJURY DAMAGE AND OR LOSS (IF THERE IS MORE THAN ONE OFFICIAL OR EMPLOYEE NAME EACH)  IF YOU NEED MORE SPACE, PLEASE ATTACH ADDITIONAL SHEETS OF PAPER  
  
                              PAGE TWO  
  
  
IF THE TOTAL AMOUNT OF YOUR CLAIM:  SPECIFIED AMOUNT UNKNOWN AT THIS TIME  
  
AMOUNT OF DAMAGES AS OF THIS DATE  SPECIFIED AMOUNT UNKNOWN AT THIS TIME  
  
ESTIMATED AMOUNT OF FUTURE DAMAGES  SPECIFIED AMOUNT UNKNOWN AT THIS TIME  
  
  
TOTAL AMOUNT CLAIMED FOR LOSES INJURIES AND DAMAGES  SPECIFIED AMOUNT UNKNOWN AT THIS TIME CLAIMANTS IS CLAIMING TOTAL AMOUNT OF INJURIES ARE PUNITIVE DAMADES COMPENSATORY DAMAGES AND EXEMPLARY DAMAGES  SPECIFIED AMOUNT UNKNOWN AT THIS TIME  
  
IF THE AMOUNT OF YOUR CLAIM IS MORE THAN $10,000.00 INDICATE WHETHER YOUR CLAIM WOULD BE A LIMITED + CIVIL CASE OR AN UNLIMITED CIVIL CAS (CHECK OUT)  
SPECIFIED AMOUNT UNKNOWN AT THIS TIME  
  
STATE HOW THE AMOUNT OF YOUR CLAIM WAS COMPUTED (INCLUDE COPIES OF SUPPORTING DOCUMENTATION SUCH AS FORECLOSURE STATEMENTS BILLING STATEMENT INVOICES RECEIPTS AND ESTIMATES  
  
LIST THE NAMES ADDRESS AND TELEPHONE NUMBERS OF ALL WITNESSES TO THE INCIDENTS  
  
PROVIDE ANY ADDITIONAL INFORMATION THAT MIGHT BE HELPFUL IN CONSIDERING THIS CLAIM  
  
  
DATED SIGNED    MARCH 07, 2015  
  
  
CLAIMANT NAME   JO ANNA CANZONERI MCCORMICK**