INSTRUCTIONS

- If insufficient space in any section, Additional Sheet Form B1, should be used with appropriate headings. The boxed sections should only contain the words "see page....."
- 2. Additional Sheets shall be numbered consecutively and bound to this document by staples along the left margin prior to execution by the parties.
- No alteration should be made by erasure. The words rejected should be scored through and those substituted typed or written above them, the alteration being initialled by the persons signing this document and their witnesses.

NOTES

1. DESCRIPTION OF LAND

Lot and Diagram/Plan/Strata/Survey-Strata Plan number or Location name and number to be stated.

Extent - Whole, part or balance of the land comprised in the Certificate of Title to be stated.

The Volume and Folio number to be stated.

2. REGISTERED PROPRIETOR

State full name and address of the Registered Proprietors as shown on the Certificate of Title and the address / addresses to which future Notices can be sent.

3. LOCAL GOVERNMENT / PUBLIC AUTHORITY

State the name of the Local Government or the Public Authority preparing and lodging this notification.

- 4 FACTOR AFFECTING THE USE AND ENJOYMENT OF LAND Describe the factor affecting the use or enjoyment of land.
- 5 ATTESTATION OF LOCAL GOVERNMENT / PUBLIC AUTHORITY

To be attested in the manner prescribed by the Local Government Act or as prescribed by the Act constituting the Public Authority.

6. REGISTERED PROPRIETOR'S EXECUTION

A separate attestation is required for every person signing this document. Each signature should be separately witnessed by an <u>Adult Person</u>. The address and occupation of the witness <u>must</u> be stated.

EXAMINED A A A > Z

1/10 10

OFFICE USE ONLY

H 570896 NR

D Oct, 2000 | 11:16:17 | Midland



REG. \$ 70.00

NOTIFICATION

LODGED BY

Statewest Surveying & Planning

ADDRESS PO BOX 1377 MIDLAND 6936

PHONE No. 08) 9274 3198

FAX No.

(08) 9274 3878

REFERENCE No.

SW12694

ISSUING BOX No.

305

PREPARED BY Statewest Surveying and Planning

ADDRESS

PO Box 1377 Midland 6936

PHONE No. 9274 3198 FAX No. 9274 3878

INSTRUCT IF ANY DOCUMENTS ARE TO ISSUE TO OTHER THAN LODGING PARTY

TITLES, LEASES, DECLARATIONS ETC LODGED HEREWITH

.____

Received Items

3._____

.____

Receiving Clerk

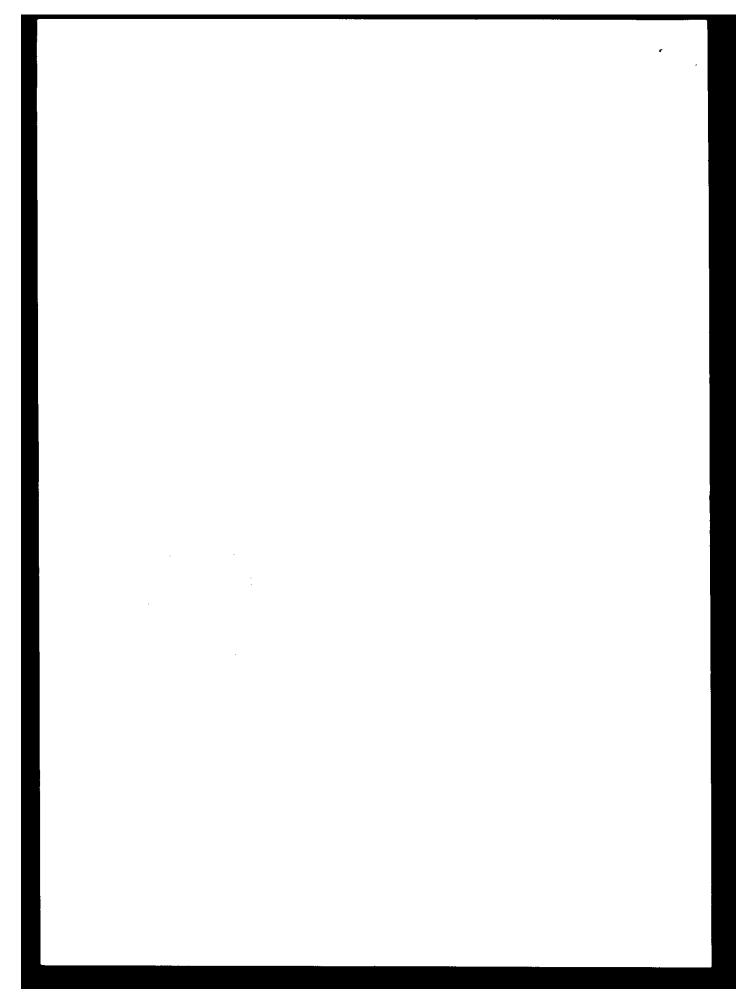
Nos.

Lodged pursuant to the provisions of the TRANSFER OF LAND ACT 1893 as amended on the day and time shown above and particulars entered in the Register.

0



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ADDITIONAL PAGE TO NOTIFICATION UNDER SECTION 70A

THE LOCAL GOVERNMENT SIGN HERE

The COMMON SEAL of the CITY OF SWAN was hereunto affixed in the presence of

COMINON

CHIEF EXECUTIVE OFFICER

EXECUTIVE MANAGER, MANAGEMENT SERVICES

THE REGISTERED PROPRIETOR SIGN HERE

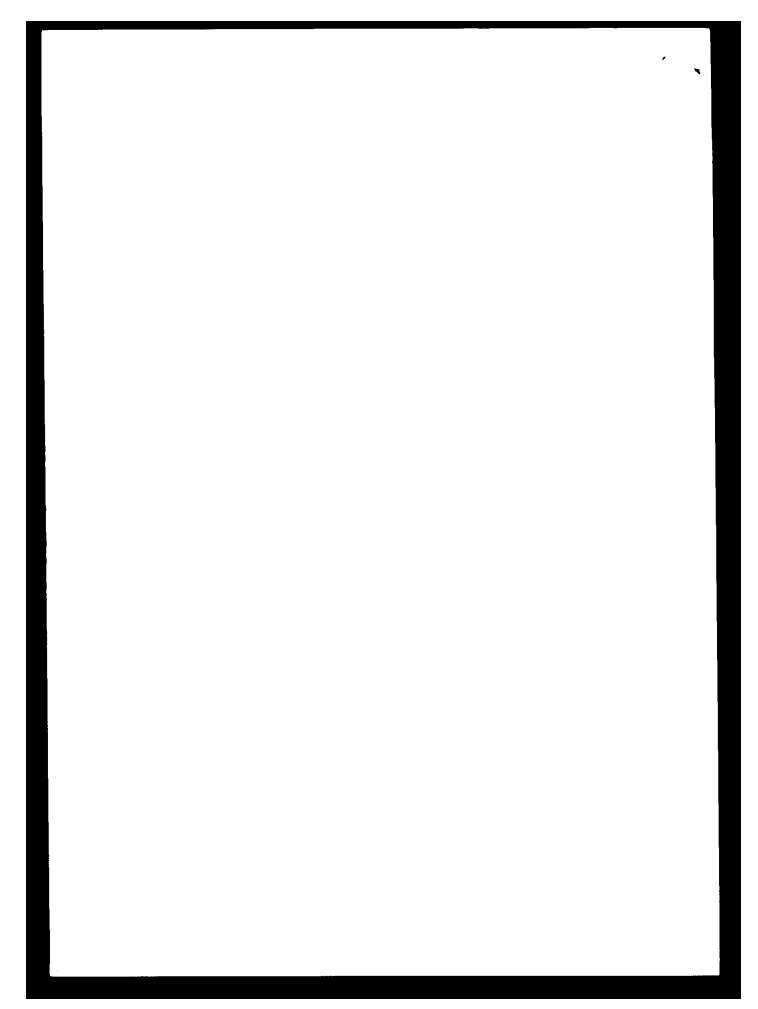
The COMMON SEAL of HILLBROOK CORPORATION PTY LTD was hereunto affixed by authority of its Directors in the presence of

Director / Secretary:

Director

HILLBROOK CORPORATION PTY LTD

A.C.N. 073 081 357 *
COMMON SEAT



FORM APPROVAL No. B1997

FORM N1

WESTERN AUSTRALIA TRANSFER OF LAND ACT 1893 AS AMENDED

NOTIFICATION UNDER SECTION 70A

UNDER SECTION 70A				
DESCRIPTION OF LAND (Note 1)		EXTENT	VOLUME	_FOLIO
Part lot 21 on Diagram 8856 REGISTERED PROPRIETOR (Note 2)		WHOLE	1441	703
ALGORIZATED PROFITE FOR (Note 2)	,, , , , , , , , , , , , , , , , , , ,			
Hillbrook Corporation Pty. Ltd. of Post Offic	e Box 176, Mundaring	, W.A.		
LOCAL GOVERNMENT / PUBLIC AUTHORITY (Note 3)				
CITY OF SWAN of Corner Morrison Road and C	old Great Northern Highw	vay, Midland.		
FACTOR AFFECTING USE OR ENJOYMENT OF LAND (Note				
Registered proprietors of the land described abo affected by Outline Development Plan No. 85 wh This document is available from the offices of the	ve or any part thereof ar	re notified that th management of t	e subject land is he land.	5
		<u> </u>		
Dated this 10 th day			2000	
LOCAL GOVERNMENT / PUBLIC AUTHORITY ATTESTATION(Note 5) REGISTERED PROPRIETOR/S SIGN HERE (Note 6)				
For execution – see page 2	Signed in the presence of	For execution – see page 2.		
	Signed in the presence of			