


PURPOSE:	DIVISION	AREA NAME: SEATON	APPROVED:
MAP REF:	6628/40/J	COUNCIL: CITY OF CHARLES STURT	BILL SHEEKY 21/06/2011
LAST PLAN:		DEVELOPMENT NO:	DEPOSITED:
			 D30166 SHEET 1 OF 2 <small>35960_text_01_v02_Version_2</small>

AGENT DETAILS:	LSG DEMO & TEST 101 GRENFELL ST ADELAIDE SA 5000 PH: 8226 3178 FAX:	SURVEYORS CERTIFICATION:	I John Smith , a licensed surveyor do hereby certify - 1) That this plan has been made from surveys carried out by me or under my personal supervision and in accordance with the Survey Act 1992. 2) That the field work was completed on the 28TH DAY OF MARCH 2004 28TH DAY OF MARCH 2004 John Smith Licensed Surveyor
AGENT CODE:	LTRO		
REFERENCE:			

SUBJECT TITLE DETAILS:									
PREFIX	VOLUME	FOLIO	OTHER	PARCEL	NUMBER	PLAN	NUMBER HUNDRED / IA / DIVISION	TOWN	REFERENCE NUMBER
CT	5701	126		ALLOTMENT(S)	67	F	117779 YATALA		
OTHER TITLES AFFECTED:									

EASEMENT DETAILS:									
STATUS	LAND BURDENED	FORM	CATEGORY	IDENTIFIER	PURPOSE	IN FAVOUR OF	CREATION		

ANNOTATIONS:

D30166

SHEET 2 OF 2

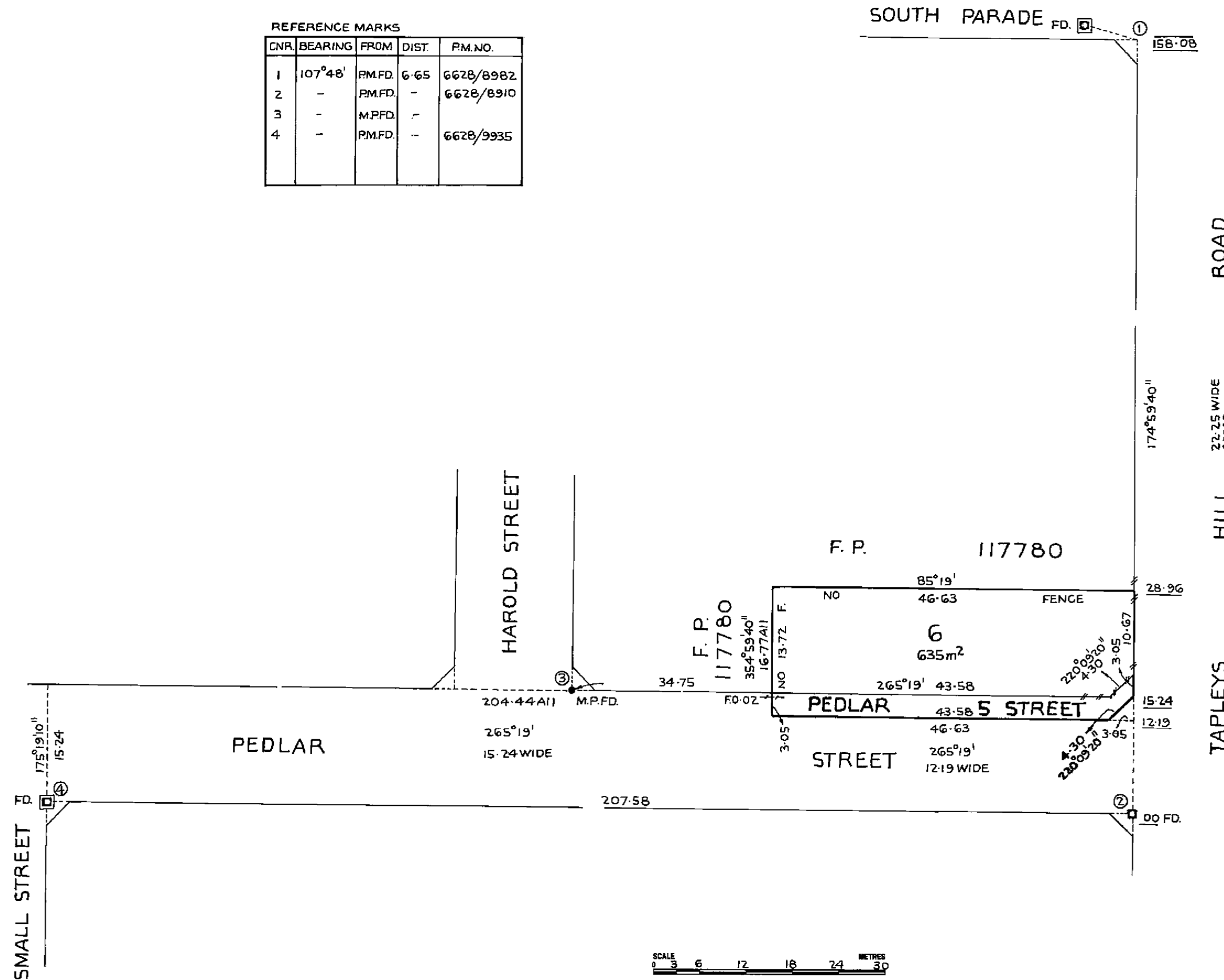
35960_pland_1_V01_Version_2

BEARING DATUM: MGA 94 ZONE 54
 DERIVATION: PM 6628/9935 - PM 6628/8910



REFERENCE MARKS

CNR.	BEARING	FROM	DIST.	P.M.NO.
1	107°48'	P.M.FD.	6.65	6628/8982
2	-	P.M.FD.	-	6628/8910
3	-	M.P.FD.	-	-
4	-	P.M.FD.	-	6628/9935



SCALE 0 3 6 12 18 24 30 METRES

APPLICATION FOR THE DEPOSIT OF A PLAN OF DIVISION

(Pursuant to Part 19AB of the Real Property Act 1886)

DP 30166

Development No.

N/A : :

CERTIFICATE(S) OF TITLE AFFECTED

The whole of the land in CT Vol. 5701 Folio 126

I/We the undersigned Applicants hereby apply to have the accompanying plan of division deposited in the Lands Titles Registration Office and request that certificates of title issue for each allotment formed by the plan.

DATED 1/6/2009.....

APPLICANT

Dean Maxwell Watson
Full Name of APPLICANT

23 Hereford Street

Trinity Gardens SA 5065.....
Address of APPLICANT.

DM Watson.....
Signature of the APPLICANT

M V Wilson.....
Signature of WITNESS – Signed in my presence by the APPLICANT who is either personally known to me or has satisfied me as to his or her identity. *

Michael Vincent Wilson.....
Print Full Name of Witness (BLOCK LETTERS)

79 Arnold Street

Tranmere SA 5067.....
Address of Witness

Business Hours Telephone No. 8233 4566

This plan is lodged pursuant to Schedule 3 Clause 3(5) of the Development Act 1993 Regulations.”

CERTIFICATE OF CONSENT FOR THE DEPOSIT OF A PLAN OF DIVISION

CONSENTING PARTY (Full Name and Address)

Commonwealth Bank of Australia (ACN 123 123 124) of 100 King William Street Adelaide 5000

NATURE OF ESTATE OR INTEREST HELD

As mortgagee

STATEMENT OF EFFECT ON ESTATES OR INTERESTS OF CONSENTING PARTIES

ESTATE / INTEREST AFFECTED	EFFECT ON ESTATE OR INTEREST HELD OR CLAIMED	CONSIDERATION / VALUE
M 9829390	Nil	Nil

I/We the consenting party

- (1) certify ~~my~~/our consent to the deposit of the accompanying plan of division in the Lands Titles Registration Office.
- (2) acknowledge that the deposit of the plan will affect ~~my~~/our estate or interest to the extent set out in the above Statement of Effect panel.

DATED 1/6/2009.....

EXECUTION BY CONSENTING PARTY

.....
Signature of CONSENTING PARTY

Signed by Robert Jones
of 100 King William St
Adelaide 5000 as attorney
for the Commonwealth Bank
of Australia in the presence
of:

Commonwealth Bank
of Australia by its
attorney:

.....
~~Signature of WITNESS - Signed in my presence by the
CONSENTING PARTY who is either personally known to me or
has satisfied me as to his or her identity. A penalty of up to
\$2000 or 6 months imprisonment applies for improper
witnessing.~~

R Jones

JE Edgar

PA 9586387

.....
Print Full name of Witness (BLOCK LETTERS)

John Eric Edgar
Of 100 King William
Street Adelaide 5000
Ph 82123546

.....
Address of Witness

.....
Business Hours Telephone No

CERTIFICATE OF CONSENT FOR THE DEPOSIT OF A PLAN OF DIVISION

CONSENTING PARTY (Full Name and Address)

City of Charles Sturt of PO Box 1 Woodville SA 5014

NATURE OF ESTATE OR INTEREST HELD

As the registered proprietor of the Public Road

STATEMENT OF EFFECT ON ESTATES OR INTERESTS OF CONSENTING PARTIES

ESTATE / INTEREST AFFECTED	EFFECT ON ESTATE OR INTEREST HELD OR CLAIMED	CONSIDERATION / VALUE
Allotment 5 (Public Road)	Vesting of allotment 5 as a public road pursuant to section 223lf of the Real Property Act 1886	Nil

I/We the consenting party

- (1) certify ~~my~~/our consent to the deposit of the accompanying plan of division in the Lands Titles Registration Office.
- (2) acknowledge that the deposit of the plan will affect ~~my~~/our estate or interest to the extent set out in the above Statement of Effect panel.

DATED 7/6/2009.....

EXECUTION BY CONSENTING PARTY

.....
Signature of CONSENTING PARTY

The Common Seal of the City of Charles Sturt was here unto affixed in the presence of:

.....
~~Signature of WITNESS - Signed in my presence by the CONSENTING PARTY who is either personally known to me or has satisfied me as to his or her identity. A penalty of up to \$2000 or 6 months imprisonment applies for improper witnessing.~~

Mayor/Chairperson



.....
Print Full name of Witness (BLOCK LETTERS)

Chief Executive Officer

.....
Address of Witness
Business Hours Telephone No

LANDS TITLES REGISTRATION
OFFICE
SOUTH AUSTRALIA

**APPLICATION FOR THE DEPOSIT OF A
PLAN OF DIVISION**
FORM APPROVED BY THE REGISTRAR-GENERAL

**BELOW THIS LINE FOR OFFICE &
STAMP DUTY PURPOSES ONLY**

Series No.	Prefix
	RTU
	D.P

30166

BELOW THIS LINE FOR AGENT USE ONLY

F E E S	R.G.O.	POST	NEW C.T.
	PLAN EXAMINATION	SURVEY ACT LEVY	PLAN DEPOSIT

AGENT CODE

Lodged by: Nelson Conveyancing

NECO

Correction to: As Above

TITLES, CROWN LEASES, DECLARATIONS ETC. LODGED WITH INSTRUMENT (TO BE FILLED IN BY PERSON LODGING)

1. CT 5701-126
2.
3.
4.

PLEASE ISSUE NEW CERTIFICATE(S) OF TITLE AS FOLLOWS

1. Allotment 6.....
2. Allotment 5 (Public Road).....
3.
4.

DELIVERY INSTRUCTIONS (Agent to complete)
PLEASE DELIVER THE FOLLOWING ITEM(S) TO THE UNDERMENTIONED AGENT(S)

ITEM	AGENT CODE
5 (public road) & 6	NECO

	NEW CERTIFICATE(S) OF TITLE TO ISSUE AS PER INSTRUCTIONS
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PICK-UP NO.	
DP	

PLAN DEPOSITED

CORRECTION	PASSED
REGISTERED	
REGISTRAR-GENERAL	

REGISTER SEARCH OF CERTIFICATE OF TITLE

* VOLUME 5701 FOLIO 126 *

COST	: \$25.00 (GST exempt)	PARENT TITLE	: CT 2075/ 139
REGION	: DIVISION SOUTH	AUTHORITY	: CD 6987000
AGENT	: DV101	DATE OF ISSUE	: 26 / 10 / 1992
SEARCHED ON	: 02/ 12 / 2006 AT : 08 : 09 : 11	EDITION	: 2

REGISTERED PROPRIETORS IN FEE SIMPLE

DEAN MAXWELL WATSON 23 HEREFORD STREET TRINITY GARDENS SA 5065

DESCRIPTION OF LAND

ALLOTMENT 67 FILED PLAN 117779
IN THE AREA NAMED SEATON
HUNDRED OF YATALA

EASEMENTS

NIL

SCHEDULE OF ENDORSEMENTS

9829390 MORTGAGE TO COMMONWEALTH BANK OF AUSTRALIA

NOTATIONS

DOCUMENTS AFFECTING THIS TITLE

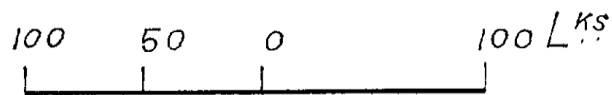
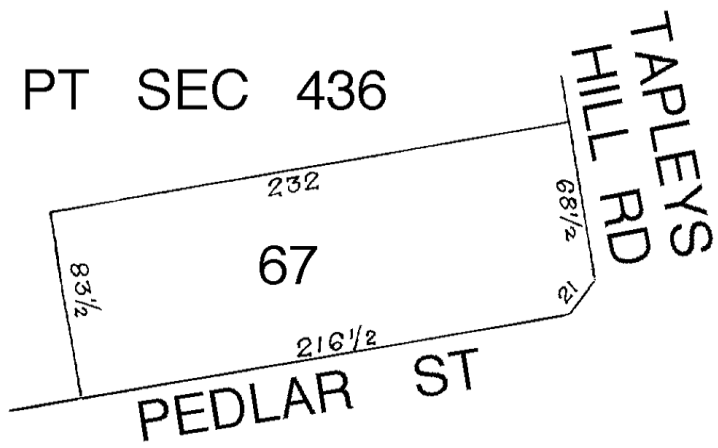
RDA 11479066 REGISTERED

REGISTRAR-GENERAL'S NOTES

PLAN APPROVED FOR DATA D30166



PT SEC 436



DISTANCES ARE IN LINKS
FOR METRIC CONVERSION
1 LINK = 0.201168 METRES
1 CHAIN = 100 LINKS

NOTE: SUBJECT TO ALL LAWFULLY EXISTING PLANS OF DIVISION