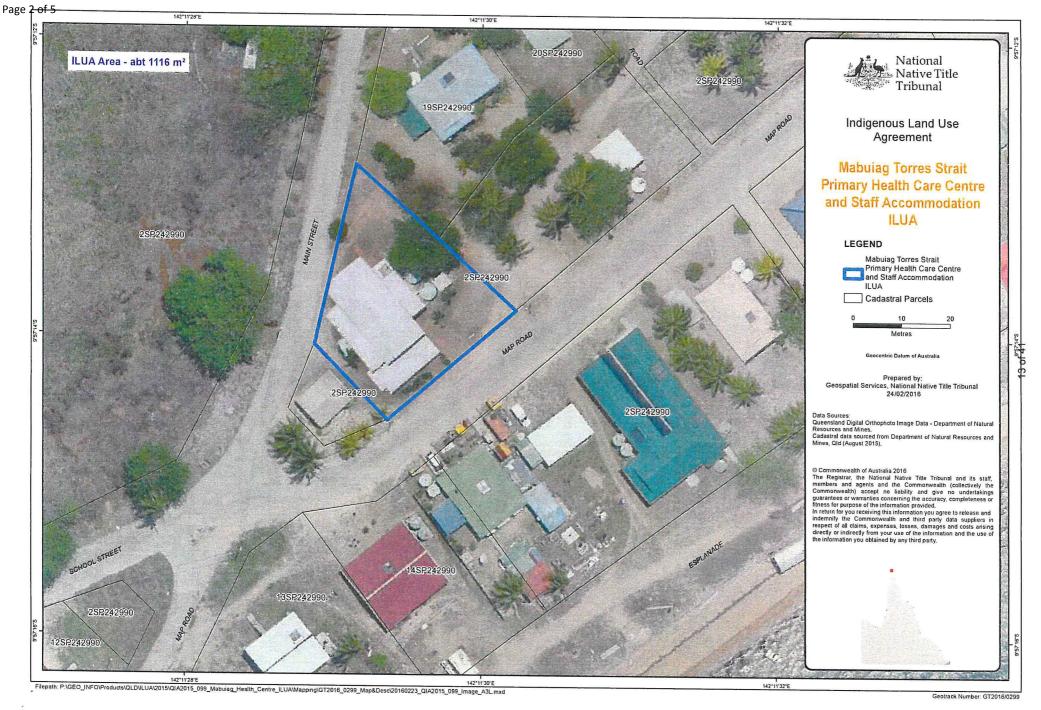
Schedule 1

Plan of the Agreement Area

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Mabuiag Torres Strait Primary Health Care Centre and Staff Accommodation ILUA

External boundary description

The agreement area covers all the land and waters of Lot 2 on SP242990 that fall within the external boundary described as:

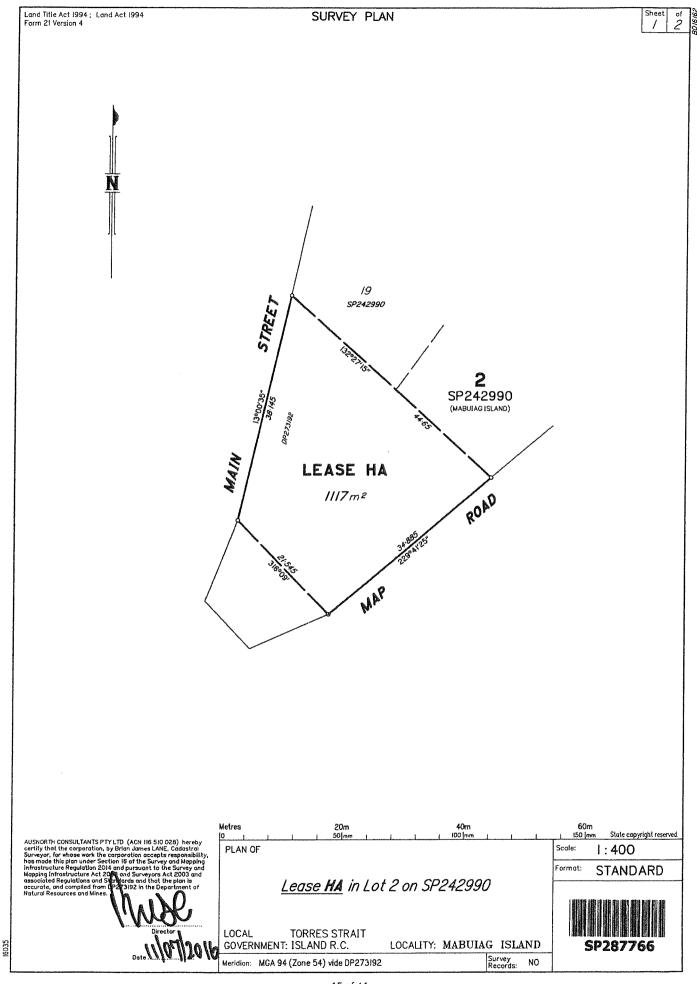
Commencing at the westernmost corner of Lot 19 on SP242990 and extending south easterly along that boundary and onwards to Map Road; then south westerly along the boundary of Lot 2 on SP242990 for abt 34.9 metres to a corner; then north westerly for 21.545 metres to a corner of that lot; then north easterly along the boundary of that lot back to the commencement point.

Note

Data Reference and source

- Agreement boundary compiled by National Native Title Tribunal based on information or instructions provided by the applicants.
- Cadastral data sourced from Department of Natural Resources and Mines, Qld (August 2015).
- Distances derived from SP277161.

Prepared by Geospatial Services, National Native Title Tribunal (23 February 2016)



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Land Title Act 1994; Land Act 1994 Form 21B Version 1		WARNING: Folded or Mutilated Plans will not be accepted. Sheet of 2 Plans may be rolled.							
		Information may not be placed in the outer margins.							
(Dealing No.)		5. Lodged by							
		(Include address, phone number, reference, and Lodger Code)							
L Certificate of Registered Owners or Lessees.		6.	Existing				Created		
1/We TORRES STRAIT ISLAND REGIONAL OF DEED OF GRANT IN TRUST THE GRANTEE TO HOLD THE		Title Reference 21296133		ription SP242990	Nev	w Lots	Road	Secondary In	
THE BENEFIT OF ISLANDER INHABITANTS AND FOR NO O		21230133	LOT Z GI	JF 242330	1	_	-	Lease H	n i
(Names in full)		Lease HA does not affect any existing leases in Lot 2 on SP242990 as at 30/06/2016.							
*as Registered Owners of this land agree to this plan and dedicate the Public Use Land as shown hereon in accordance with Section 50 of the Land Title Act 1994.									
*as Lessees of this land agree to this plan.									İ
Signature of *Registered Owners *Lessees									
	•								
·									
*Rule out whichever is inapplicable									
2. Planning Body Approval.									
*									
hereby approves this plan in accordance with the : %									
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*Insert the name of the Planning Body. % Insert applicable approving legislation.		8. Passed & Endorsed :				Photocop	ру		
# Insert designation of signatory or delegation 3. Plans with Community Management Statement: 4. References:		8. Passed & Endorsed : Ausnorth Consultants Ptylid By: (acn 116 510 028)				Postage TOTAL		\$	*** **
CMS Number :	Dept File :	Date: 11/04/2016 21 A			10			*	
Name :	Local Govt : Surveyor : 16035	Signed: Designation: Cadastral Surveyor, Director Number SP287766							