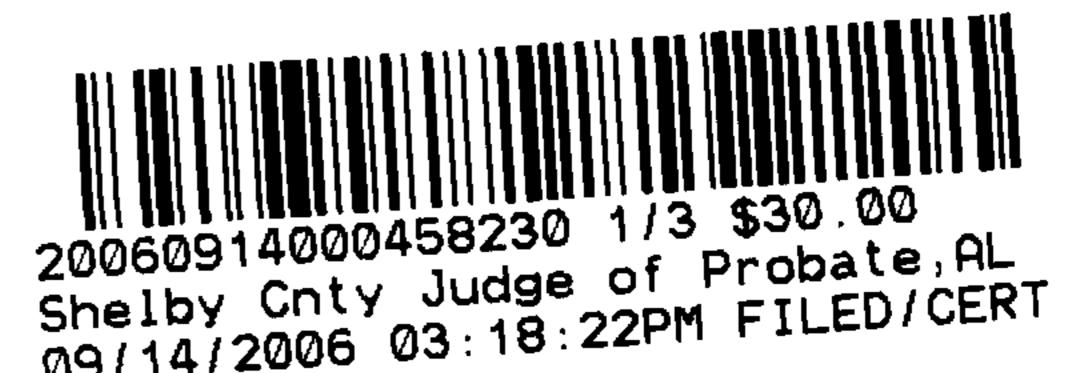
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|                            |                               |                                              |                                                                  | 20060914000458230 1/3 \$30.00<br>Shelby Cnty Judge of Probate, AL<br>Shelby Cnty Judge of FILED/CERT<br>09/14/2006 03:18:22PM FILED/CERT |                          |           |  |
|----------------------------|-------------------------------|----------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------|--|
| UCC FINANCINO              | STATEME                       | :NT                                          |                                                                  | 09/14/2001                                                                                                                               |                          |           |  |
| FOLLOW INSTRUCTION         |                               |                                              |                                                                  |                                                                                                                                          |                          |           |  |
| A. NAME & PHONE OF C       |                               | ··                                           |                                                                  |                                                                                                                                          |                          |           |  |
| B. SEND ACKNOWLEDG         | SMENT TO: (Nam                | e and Address)                               |                                                                  |                                                                                                                                          |                          |           |  |
| T A TILL A BA              | & WATKINS                     | TID                                          |                                                                  |                                                                                                                                          |                          |           |  |
| ATTN: VIK                  |                               |                                              |                                                                  |                                                                                                                                          |                          |           |  |
|                            |                               | <b>5</b> 200                                 |                                                                  |                                                                                                                                          |                          |           |  |
|                            | WER, SUITE<br>I WACKER D      |                                              |                                                                  |                                                                                                                                          |                          |           |  |
|                            | , ILLINOIS 60                 |                                              |                                                                  |                                                                                                                                          |                          |           |  |
| CHICAGO                    | , ILLIITOIS O                 | 0000-0401                                    |                                                                  |                                                                                                                                          |                          |           |  |
|                            |                               |                                              |                                                                  |                                                                                                                                          |                          |           |  |
|                            |                               |                                              |                                                                  | SPACE IS FO                                                                                                                              | R FILING OFFICE U        | SE ONLY   |  |
|                            |                               | insert only <u>one</u> debtor name (1a or 1b | ) - do notabbreviate or combine names                            |                                                                                                                                          |                          |           |  |
| 1a. ORGANIZATION'S N       |                               | T ~~                                         |                                                                  |                                                                                                                                          |                          |           |  |
| OR 16 INDIVIDUAL'S LAST    | CADEMY, IN                    | NC.                                          | FIRST NAME                                                       | MIDDLE                                                                                                                                   | NAME                     | SUFFIX    |  |
| TO INDIVIDUAL STASTI       | NAME                          |                                              |                                                                  |                                                                                                                                          |                          |           |  |
| 4 - NANILINIO ADDDECC      |                               |                                              | CITY                                                             | STATE                                                                                                                                    | POSTAL CODE              | COUNTRY   |  |
| 1c. MAILING ADDRESS        |                               |                                              |                                                                  |                                                                                                                                          |                          |           |  |
| 130 S. JEFFERSC            |                               | A TYPE OF ODO AND TION                       | CHICAGO                                                          |                                                                                                                                          |                          | USA       |  |
| 1d. SEE INSTRUCTIONS       | ADD'L INFO RE<br>ORGANIZATION | 1e. TYPE OF ORGANIZATION                     | 1f. JURISDICTION OF ORGANIZATION 1g. ORGANIZATIONAL ID #, if any |                                                                                                                                          |                          | /<br>     |  |
|                            | DEBTOR                        | CORPORATION                                  | DELAWARE                                                         | DE                                                                                                                                       |                          | NONE      |  |
|                            |                               | LEGAL NAME - insert only one                 | debtor name (2a or 2b) - do not abbreviate or com                | oine names                                                                                                                               | ·                        | <u> </u>  |  |
| 2a. ORGANIZATION'S N       | IAME                          |                                              |                                                                  | -                                                                                                                                        |                          |           |  |
| OR OL INDIVIDUAL ACT       |                               |                                              | TIDOT NAME                                                       | MIDDLE                                                                                                                                   | NIA NAST                 | SUFFIX    |  |
| 26 INDIVIDUAL'S LAST       | NAME                          |                                              | FIRST NAME                                                       | IVIIDULL                                                                                                                                 | INAIVIL                  |           |  |
|                            |                               |                                              |                                                                  |                                                                                                                                          | TOOCTAL CODE             |           |  |
| 2c. MAILING ADDRESS        |                               |                                              | CITY                                                             | STATE                                                                                                                                    | POSTAL CODE              | COUNTRY   |  |
|                            |                               | TO TOUR OF ODO A MIZATION                    | OF HUDICOLOGICAL OF ODO ANIZATION                                |                                                                                                                                          | ANIZATIONAL ID # if on   |           |  |
| 2d SEE INSTRUCTIONS        | ORGANIZATION                  | 2e. TYPE OF ORGANIZATION                     | 2f. JURISDICTION OF ORGANIZATION                                 | J2g. ORG                                                                                                                                 | ANIZATIONAL ID #, if any | у<br>У    |  |
|                            | DEBTOR                        |                                              |                                                                  |                                                                                                                                          |                          | NONE      |  |
|                            | <del> </del>                  | TOTAL ASSIGNEE of ASSIGNORS/                 | P) - insert only <u>one</u> secured party name (3a or 3b)        | <del></del>                                                                                                                              |                          | <u> </u>  |  |
| 3a. ORGANIZATION'S N       |                               |                                              |                                                                  |                                                                                                                                          |                          |           |  |
| OR CREDIT SUIS             | SSE, AS ADM                   | INISTRATIVE AGEN                             | ······································                           |                                                                                                                                          |                          |           |  |
| 3b. INDIVIDUAL'S LAST NAME |                               | FIRST NAME                                   | MIDDLE                                                           | NAME                                                                                                                                     | SUFFIX                   |           |  |
|                            |                               |                                              | C1707                                                            | OTATE                                                                                                                                    | DOCTAL CODE              | COLINITON |  |
| 3c. MAILING ADDRESS        |                               | •                                            | CITY                                                             | STATE                                                                                                                                    | POSTAL CODE              | COUNTRY   |  |
| ELEVEN MADISON AVENUE      |                               | NEW YORK                                     | NY                                                               | 10010                                                                                                                                    | USA                      |           |  |

4. This FINANCING STATEMENT covers the following collateral:

ALL ASSETS OF THE DEBTOR WHETHER NOW OWNED OR HEREAFTER ACQUIRED OR ARISING, INCLUDING ALL PROCEEDS THEREOF, SITUATED ON THE REAL PROPERTY DESCRIBED ON EXHIBIT A ATTACHED HERETO AND MADE A PART HEREOF.

THIS FINANCING STATEMENT IS TO BE FILED IN THE REAL ESTATE RECORDS IN THE COUNTY OF SHELBY, STATE OF ALABAMA.

20060914000458220

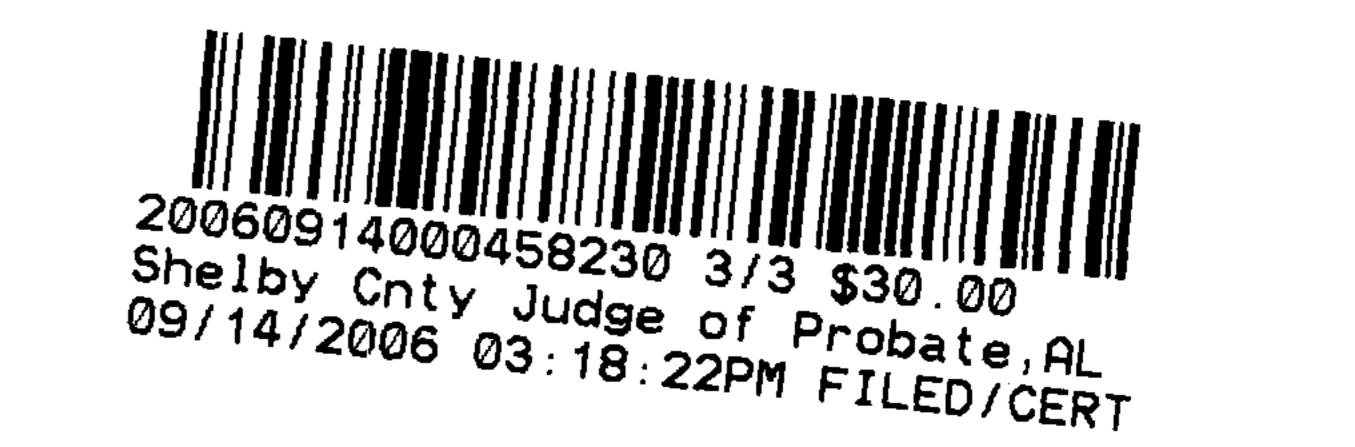
| 5. ALTERNATIVE DESIGNATION [if applicable]:                                | LESSEE/LESSOR CONSIGNEE/CONSIGN                                                  | OR BAILEE/BAILOR SELLER/BUYER                                | AG. LIEN    | NON-UCC FILING    |
|----------------------------------------------------------------------------|----------------------------------------------------------------------------------|--------------------------------------------------------------|-------------|-------------------|
| 6. This FINANCING STATEMENT is to be filed ESTATE RECORDS. Attach Addendum | [for record] (or recorded) in the REAL 7. Check to<br>[if applicable] [ADDITION] | o REQUEST SEARCH REPORT(S) on Debtor(s) ONAL FEE] [optional] | All Debtors | Debtor 1 Debtor 2 |
| 8. OPTIONAL FILER REFERENCE DATA RECORD IN SHELBY CO                       | DUNTY, STATE OF ALABAMA                                                          | C-M# 029032-0016                                             |             |                   |
|                                                                            |                                                                                  |                                                              |             |                   |

20060914000458230 2/3 \$30.00 Shelby Cnty Judge of Probate, AL 09/14/2006 03:18:22PM FILED/CERT

## UCC FINANCING STATEMENT ADDENDUM

| OL   | LOW INSTRUCTIONS (front and b | ack) CAREFULLY          |                     |  |  |
|------|-------------------------------|-------------------------|---------------------|--|--|
| 1.6  | NAME OF FIRST DEBTOR (1a or 1 | b) ON RELATED FINANCING | STATEMENT           |  |  |
|      | 9a. ORGANIZATION'S NAME       |                         |                     |  |  |
| OR   | LA PETITE ACADEMY, INC.       |                         |                     |  |  |
| J1 \ | 9b. INDIVIDUAL'S LAST NAME    | FIRST NAME              | MIDDLE NAME, SUFFIX |  |  |
|      |                               |                         |                     |  |  |
| 10.  | MISCELLANEOUS:                |                         |                     |  |  |

| 12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)  12a ORGANIZATION'S NAME    12b INDIVIDUAL'S LAST NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                       |                                    | THE ABOVE SPACE               | IS FOR FILING OFFI                                    | CE USE ONLY       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------|-------------------------------|-------------------------------------------------------|-------------------|
| OR TILINDIVIDUAL'S LAST NAME   FIRST NAME   MIDDLE NAME   SUFFIX    TILINDIVIDUAL'S LAST NAME   FIRST NAME   MIDDLE NAME   SUFFIX    TILINDIVIDUAL'S LAST NAME   THE TYPE OF ORGANIZATION   THE JULY STATE   POSTAL CODE   COUNTRY    TILINDIVIDUAL'S LAST NAME   THE TYPE OF ORGANIZATION   THE JULY STATE   POSTAL CODE    ORGANIZATION   DECENDENCY   ASSIGNOR S/P'S   NAME   INSERT ONly Organization   The JULY STATE   POSTAL CODE    OR TO THE JULY STATE   POSTAL CODE   SUFFIX    TO MAILING ADDRESS   THE TYPE OF ORGANIZATION   THE JULY STATE   POSTAL CODE   COUNTRY    TO MAILING ADDRESS   THE JULY STATE   POSTAL CODE   COUNTRY    TO MAILING ADDRESS   THE JULY STATE   POSTAL CODE   COUNTRY    TO MAILING ADDRESS   THE JULY STATE   POSTAL CODE   COUNTRY    TO MAILING ADDRESS   THE JULY STATE   POSTAL CODE   COUNTRY    TO MAILING ADDRESS   THE JULY STATE   POSTAL CODE   COUNTRY    TO MAILING ADDRESS   THE JULY STATE   POSTAL CODE   COUNTRY    TO MAILING ADDRESS   THE JULY STATE   POSTAL CODE   COUNTRY    TO MAILING ADDRESS   THE JULY STATE   POSTAL CODE   COUNTRY    TO MAILING ADDRESS   THE JULY STATE   POSTAL CODE   COUNTRY    TO MAILING ADDRESS   THE JULY STATE   POSTAL CODE   COUNTRY    TO MAILING ADDRESS   THE JULY STATE   POSTAL CODE   COUNTRY    TO MAILING ADDRESS   THE JULY STATE   POSTAL CODE   COUNTRY    TO MAILING ADDRESS   THE JULY STATE   POSTAL CODE   COUNTRY    TO MAILING ADDRESS   THE JULY STATE   POSTAL CODE   COUNTRY    TO MAILING ADDRESS   THE JULY STATE    | 11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one na    | me (11a or 11b) - do not abbrevi   | ate or combine names          |                                                       |                   |
| TITE, INDIVIDUALS CAST NAME.  TITES INVAME.  THE STRUCTIONS  ADDLINFORE 1'16 TYPE OF ORGANIZATION OF ORGANIZAT | 11a. ORGANIZATION'S NAME                                              |                                    |                               |                                                       |                   |
| 110. MAILING ADDRESS  CITY  STATE  POSTAL CODE  COUNTRY  111. SEEINSTRUCTORS  ADDL INFO RE 1116 TYPE OF ORGANIZATION 111. JURISDICTION OF ORGANIZATION 113. ORGANIZATIONAL ID #, if any ORGANIZATION DECEDOR  12. ADDITIONAL SECURED PARTY'S of DASSIGNOR S/P'S NAME insert only one name (12e or 12b)  12. ADDITIONAL SECURED PARTY'S of DASSIGNOR S/P'S NAME insert only one name (12e or 12b)  12. MAILING ADDRESS  CITY  STATE  MIDDLE NAME  SUFFIX  13. This FINANCING STATEMENT covers show thing.  14. Description of real estates  SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF.  15. Name and address of a RECORD CWINER of above-described real estate  16. Check only if applicable and check only one box  Debtor is a 1 Tout or 1 Tustee acting with respect to proparty held in trust or 1 Decedent's Estate 18. Check only if applicable and check only one box  Debtor is a 1 Tout or 1 Tustee acting with respect to proparty held in trust or 1 Decedent's Estate 18. Check only if applicable and check only one box                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | OR 115 INDIVIDUAL'S LAST NAME                                         | FIRST NAME                         | MIDDLE                        | NAME                                                  | SUFFIX            |
| 11d. SEEINSTRUCTIONS   ADDILINFO RE   11e TYPEOF ORGANIZATION   11f. JURISDICTION OF ORGANIZATION OF ORGANIZATION   11f. JURISDICTION OF ORGANIZATION   11f. JURISDICTION OF ORGANIZATION OF ORGANIZA  | TID. INDIVIDUAL S LAST NAME                                           |                                    |                               | <b>, , , , , , , , , , , , , , , , , , , </b>         |                   |
| DORGANIZATION   DORGANIZATIO   | 11c. MAILING ADDRESS                                                  | CITY                               | STATE                         | POSTAL CODE                                           | COUNTRY           |
| DORGANIZATION   DORGANIZATIO   | 114 SEEINSTRUCTIONS ADDU INFO DE 1146 TYPE OF OPCANIZATION            | 11f IUDISDICTION OF ORGAN          | VIZATION 110 OR               | GANIZATIONAL ID# if a                                 |                   |
| 12b INDIVIDUALS LAST NAME    12b INDIVIDUALS LAST NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ORGANIZATION                                                          |                                    | VIZATIOIV                     | OMINE IO II, II 6                                     |                   |
| 12c MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 12. ADDITIONAL SECURED PARTY'S of ASSIGNOR S/P'S                      | NAME - insert only <u>one</u> name | (12a or 12b)                  |                                                       |                   |
| 120 MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 12a. ORGANIZATION'S NAME                                              |                                    |                               |                                                       |                   |
| 13. This FINANCING STATEMENT covers timber to be cut or as-extracted collateral, or is flied as a focus filing.  14. Description of real estate:  SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF.  15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):  17. Check only if applicable and check only one box.  Debtor is a Truste or Trustee acting with respect to property heid in bust or Decedent's Estate 18. Check only if applicable and check only one box.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | OR AND INDUITION ASTAINANT                                            | EIDCT NAME                         | I NATION IS                   | NAME                                                  | GUEEIY            |
| 13. This FINANCING STATEMENT covers timber to be cut or as-extracted colleteral, or is filed as a foxture filing.  14. Description of real estate:  SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF.  15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):  17. Check only if applicable and check only one box.  Debtor is a Trust or Trustee acting with respect to property held in trust or Decedent's Estate 18. Check only if applicable and check only one box.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 120. INDIVIDUAL S LAST NAME                                           | FIRST NAIVIE                       |                               | . ( <b>4</b> /*\( \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | 30111             |
| collateral, or is filed as a  1 fixture filling.  14. Description of real estate:  SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF.  15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):  17. Check gnly if applicable and check gnly one box.  Debtor is a  1 Trust or  1 Trustee acting with respect to property held in trust or  1 Decedent's Estate  18. Check gnly if applicable and check gnly one box.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 12c. MAILING ADDRESS                                                  | CITY                               | STATE                         | POSTAL CODE                                           | COUNTRY           |
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| SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF.  15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):  17. Check only if applicable and check only one box.  Debtor is a Trust or Trustee acting with respect to property held in trust or Decedent's Estate 18. Check only if applicable and check only one box.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | collateral, or is filed as a fixture filing.                          |                                    |                               |                                                       |                   |
| MADE A PART HEREOF.  15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest).  17. Check only if applicable and check only one box.  Debtor is a Trust or Trustee acting with respect to property held in trust or Decedent's Estate 18. Check only if applicable and check only one box.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                       |                                    |                               |                                                       |                   |
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| 17. Check <u>only</u> if applicable and check <u>only</u> one box.  Debtor is a Trust or Trustee acting with respect to property held in trust or Decedent's Estate  18. Check <u>only</u> if applicable and check <u>only</u> one box.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 15. Name and address of a RECORD OWNER of above-described real estate |                                    |                               |                                                       |                   |
| Debtor is a Trust or Trustee acting with respect to property held in trust or Decedent's Estate  18. Check only if applicable and check only one box.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (if Debtor does not have a record interest):                          |                                    |                               |                                                       |                   |
| Debtor is a Trust or Trustee acting with respect to property held in trust or Decedent's Estate  18. Check only if applicable and check only one box.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                       |                                    |                               |                                                       |                   |
| 18. Check <u>only</u> if applicable and check <u>only</u> one box.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                       | 17. Check only if applicable ar    | nd check <u>only</u> one box. |                                                       |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       | Debtor is a Trust or               | rustee acting with respect to | property held in trust or                             | Decedent's Estate |
| Debtor is a TRANSMITTING UTILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                       |                                    |                               |                                                       |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       | ] <del> </del>                     |                               |                                                       |                   |
| Filed in connection with a Manufactured-Home Transaction — effective 30 years  Filed in connection with a Public-Finance Transaction — effective 30 years                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                       |                                    |                               |                                                       |                   |



## EXHIBIT A

## Legal Description of Premises: [Second Lien 5198 Valleydale Road, AL]

A parcel of land situated in Section 1, Township 19 South, Range 2 West, Shelby County, Alabama, and more particularly described as follows:

From the Northeast corner of Lot 12, Block 5, Applecross – A Subdivision of Inverness, being recorded in Map Book 6, page 42B, in the Office of the Judge of Probate, Shelby County, Alabama; run in a Southeasterly direction by deflecting 114°58'49" right from the East line of Lot 13 in said subdivision for a distance of 814.88 feet to the point of beginning of the parcel herein described; said point being on the Northwest right of way line of Valleydale Road; thence turn an angle of 85° 07'11" right and run in a Southwesterly direction of 194.98 feet along said right of way line of Valleydale Road; thence turn an angle of 1°33'30" right and continue along said right of way in a Southwesterly direction for 79.27 feet; thence turn an angle of 88°03'30" right and turn Northwesterly 193.58 feet; thence turn an angle of 81°34' right and run Northerly 142.55 feet; thence turn 67°04' right and run in a Northeasterly direction 255.88 feet to the point of beginning; being situated in Shelby County, Alabama.