




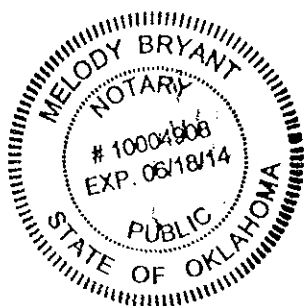
executions have expired or are otherwise potentially ineffective on the scheduled date of execution.

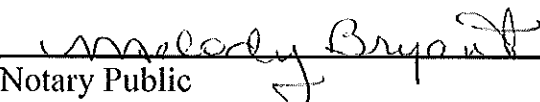
8. I affirm the drugs to be utilized in the scheduled execution of Clayton Lockett and Charles Warner have been, while under my control, maintained under manufacturer specified environmental conditions to ensure and maintain their integrity. I know of no facts which would cause me to believe that environmental storage conditions of the drugs scheduled for Clayton Lockett or Charles Warner's execution have at any time been outside the manufacturers' specifications.
9. I affirm the qualifications and experience of the execution personnel tasked with carrying out the scheduled execution of Clayton Lockett and Charles Warner have been verified by the Oklahoma Department of Corrections. I know of no facts which would cause me to question the qualifications and experience of any of the execution personnel.
10. I affirm the execution personnel have undergone specific task training to carry out their designated responsibilities during the execution by lethal injection of Clayton Lockett and Charles Warner. I further affirm the execution personnel are scheduled to continue training for Clayton Lockett and Charles Warner's executions up to the scheduled date the execution is to be carried out. I know of no facts which would cause me to question the effectiveness of the training provided to the execution personnel.
11. I will monitor the inmates throughout the execution procedures. After the administration of the anesthetic, both I and the physician in attendance will monitor the inmates to be satisfied the inmates are sufficiently unconscious before the final two drugs are administered.

**FURTHER AFFIANT SAITH NOT.**

  
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ANITA TRAMMELL, WARDEN

SUBSCRIBED AND SWORN to before me, the undersigned Notary Public on this 29 day of April 2014.



  
\_\_\_\_\_  
Notary Public