

I UNDERSTAND THAT MY ESTATE WILL NOT BE CHARGED FOR ANY COSTS ASSOCIATED WITH MY DECISION TO DONATE MY ORGANS, TISSUES, OR EYES OR THE ACTUAL DISPOSITION OF MY ORGANS, TISSUES, OR EYES.

[(7)](8) I direct (in the following space, indicate any other instructions regarding receipt or nonreceipt of any health care)

By signing below, I indicate that I am emotionally and mentally competent to make this advance directive and that I understand the purpose and effect of this document.

(Date) (Signature of Declarant)

The declarant signed or acknowledged signing the foregoing advance directive in my presence and based upon personal observation appears to be a competent individual.

(Witness) (Witness)

(Signature of Two Witnesses)

SUBTITLE 9. ORGAN AND TISSUE DONATION AWARENESS.

13-901.

THERE IS A STATE ADVISORY COUNCIL ON ORGAN AND TISSUE DONATION AWARENESS.

13-902.

- (A) (1) THE ADVISORY COUNCIL CONSISTS OF 16 MEMBERS.
- (2) THE ADVISORY COUNCIL SHALL CONSIST OF:
 - (I) THE SECRETARY OR THE SECRETARY'S DESIGNEE, AS AN EX OFFICIO MEMBER; AND
 - (II) 15 VOTING MEMBERS APPOINTED BY THE GOVERNOR
- (3) OF THE 15 VOTING MEMBERS:
 - (I) TWO SHALL BE REPRESENTATIVES OF ORGAN PROCUREMENT ORGANIZATIONS;
 - (II) TWO SHALL BE REPRESENTATIVES OF EYE BANKS;
 - (III) ONE SHALL BE A REPRESENTATIVE OF A TISSUE BANK;